JOINT TRAINING INSTITUTE JANUARY 1, 2012 THROUGH MARCH 31, 2012

	Mary Carbajai- Waid 50%	Alise Asadourian	Jon J. Pokorski	(Jan-Feb) Barry J. Poole 50%	March Barry J. Poole 100%	Daniel Scorza		Total
Labor	\$ 12,881.39	\$ 20,300.72	\$ 41,630.61	\$ 9,609.17	\$ 12,080.11	\$ 50,648.62	\$	147,150.62
Health Plan								1,864.77 12,362.49 1,373.61 1,373.61
Dental Plan								1,295.37 215.89 143.93 143.93
Total Amount Due							\$	165,924.22

JOINT TRAINING INSTITUTE - OTHER EXPENSES JANUARY 1, 2012 THROUGH MARCH 31, 2012

	School September 1997	Total
T & C Equip.	\$	609.60
Personal mileage		235.06
	\$	844.66

JOINT TRAINING INSTITUTE APRIL 1, 2012 THROUGH JUNE 30, 2012

	Mary Carbajal- Waid 50%	Alise Asadourian	Jon J. Pokorski	Barry J. Poole	Daniel Scorza		Total
Labor	\$ 14,332.82	\$ 20,623.22	\$ 36,853.32	\$ 33,494.85	\$ 49,437.65	\$	154,741.86
Health Plan						ř	1,864.77
Dental Plan		-1					16483.35
Demarrian							1,727.16 215.89
Total Amount Due			Rate adjustme	ent	(3,567.28)	\$	(3,567.28) 171,465.72

JOINT TRAINING INSTITUTE - OTHER EXPENSES APRIL 1, 2012 THROUGH JUNE 30, 2012

	CARTILLE STREET, STREE	Total
	· · · · · · · · · · · · · · · · · · ·	040.47
Personal mileage	<u>\$</u>	312.47

JOINT TRAINING INSTITUTE JULY 1, 2012 THROUGH SEPTEMBER 30, 2012

	Mary Carbajal- Waid 50%	Alise Asadourian	Jon J. Pokorski	Barry J. Poole	Daniel Scorza	Name of Street	Total
Labor	\$ 15,088.77	\$ 22,599.60	\$ 55,962.45	\$ 27,454.80	\$ 60,423.81	\$	181,529.43
Health Plan						l	2,089.29 13,401.81 2,712.75
Dental Plan						1	1,537.20 192.15
Total Amount Due						\$	201,462.63

JOINT TRAINING INSTITUTE - OTHER EXPENSES JULY 1, 2012 THROUGH SEPTEMBER 30, 2012

Personal mileage

	Total	
\$	382.96	

JOINT TRAINING INSTITUTE OCTOBER 1, 2012 THROUGH DECEMBER 31, 2012

	Mary Carbajal- Waid 50%	Alise Asadourian	Jon J. Pokorski	Barry J. Poole	Daniel Scorza		Total
Labor	\$ 17,510.66	\$ 20,386.67	\$ 36,614.97	\$ 33,379.44	\$ 51,726.43	\$ 1	59,618.17
Health Plan							2,089.29 13,401.81 2,712.75
Dental Plan \$128.10 x 3 mos. \$128.10 x 3 mos.	192 1	384.30 5	384.30	384.30	384.30		1,537.20 192.15
Total Amount Due					-	\$ 1	79,551.37

JOINT TRAINING INSTITUTE - OTHER EXPENSES OCTOBER 1, 2012 THROUGH DECEMBER 31, 2012

	****	Total
T & C Equip.	\$	1,712.56
Personal mileage		374.91
	\$	2,087.47

JOINT SAFETY INSTITUTE JANUARY 1, 2012 THROUGH MARCH 31, 2012

		Mary arbajal- aid 50%	Jan-Feb) Barry J. oole 50%	James R. /an Sickle	Sharon Sosa	John S. Vanacore	udo my dibblidh i hidiri	Total
Labor	\$	12,881.39	\$ 9,609.18	\$ 53,690.62	\$ 20,623.21	\$ 36,817.93	\$	133,622.33
Health Plan								8,241.66 1,864.77 3,473.85 1,373.61
Dental Plan			- No. of					215.90 243.75 143.93
Total Amount Due)						\$	150,043.38

JOINT SAFETY INSTITUTE - OTHER EXPENSES JANUARY 1, 2012 THROUGH MARCH 31, 2012

Transportation Equipment	\$ 908.80
Personal Mileage	160.67
Hardhat	14.84
Total Amount Due	\$ 1,084.31

JOINT SAFETY INSTITUTE APRIL 1, 2012 THROUGH JUNE 30, 2012

		Mary Carbajal- Vaid 50%	(April) James I Van Sick	R. Sharon	John S. Vanacore	Total
Labor	\$	14,444.82	\$ 23,747	7.78 \$ 19,893.87	\$ 34,977.03	\$ 93,063.50
Health Plan						
	-					8,241.66
						1,864.77 1,157.95
Dental Plan			-			863.58
						215.90
						81.25
Total Amount Du	9					\$ 105,488.61

JOINT SAFETY INSTITUTE - OTHER EXPENSES APRIL 1, 2012 THROUGH JUNE 30, 2012

Transportation Equipment	\$	631.23
Personal Mileage		293.61
Total Amount Due	 \$	924.84

JOINT SAFETY INSTITUTE JULY 1, 2012 THROUGH SEPTEMBER 30, 2012

	Mary Carbajal- Waid 50%	Sharon Sosa	John S. Vanacore	Total
Labor	\$ 15,088.77	\$ 24,103.37	\$ 43,567.88	\$ 82,760.02
Health Plan				8,934.54 2,089.29
Dental Plan				768.60 192.15
Total Amount Due				\$ 94,744.60

JOINT SAFETY INSTITUTE - OTHER EXPENSES JULY 1, 2012 THROUGH SEPTEMBER 30, 2012

6pr. Toe Safety Guards	\$	222.86
Personal Mileage	(maintap-n)Volumena	147.08
Total Amount Due	_\$_	369.94

JOINT SAFETY INSTITUTE OCTOBER 1, 2012 THROUGH DECEMBER 31, 2012

	Mary Carbajal- Waid 50%	Sharon Sosa	Frank Naglich	John S. Vanacore	Total
Labor	\$ 11,433.50	\$ 19,707.42	\$ 45,693.64	\$ 32,925.58	\$ 109,760.14
Health Plan			- Constant		13,401.81 2,089.29
Dental Plan		43000			1,152.90 192.15
					\$ 126,596.29
	FRANK NAGLICH-	JULY 30, 2012	THROUGH S	EPTEMBER 3	
Labor			\$ 39,693.47		\$ 39,693.47
Health Plan	And the second s			-	4,467.27
Dental Plan		and the same of th	week a king a military was transferred to the control of the contr		384.30
					\$ 44,545.04
Total Amount Due	•				\$ 171,141.33

JOINT SAFETY INSTITUTE - OTHER EXPENSES OCTOBER 1, 2012 THROUGH DECEMBER 31, 2012

T & C Equip.	\$	3,069.12
Personal Mileage	***************************************	177.88
	\$	3,247.00

JULY 30, 2012 THROUGH DECEMBER 31, 2012

T & C Equip.	\$ 1,958.80
Total Amount Due	\$ 5,205.80

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public

AF	or the	2009	calen	dar year, or tax year beginning 07/01, 2009, and ending	06/	30, 20 10
	eck If eppli			Name of organization LOCAL 18, IBEW-DWP JOINT SAFETY INSTITUTE	D Employer Identifica	
	Address	us	se IRS	Doing Business As	95-4828067	
	change Name c	l ar	belor	Number and street (or P O box if mail is not delivered to street address) Room/sur	te E Telephone number	
-	Initial re	· t	type See	11801 SHELDON STREET	(818) 771-46	595
	{ -	Sc	pecific	City or town, state or country, and ZIP + 4	(020) 1/2 20	
-	Termina	1 ""	struc.	SUN VALLEY, CA 91352-1508	G Gross receipts \$	1,635,607.
	return			ne and address of principal officer BRIAN D'ARCY	H(a) is this a group return	
	pending	3		·	affiliates?	
				SHELDON STREET, SUN VALLEY, CA 91352-1508	H(b) Are all affiliates inclu	
		mpt statu	<u> </u>	X 501(c) (6) ◀ (insert no) 4947(a)(1) or 527	If "No," attach a list	,
		a: ▶ N			H(c) Group exemption nur	
K	Form of	organiza	ation	Corporation X Trust Association Other ▶ L Year of form	nation 2000 M State o	f legal domicile CA
Pa	rt I	Sum	mary			
	1 E	Briefly d	lescri	e the organization's mission or most significant activities		. <u></u>
as	3	TO PR	ROMO	TE JOINT LABOR-MANAGEMENT ACTIVITIES DESIGNED TO	IMPROVE	
ž	1	LABOR	R-MP	NAGEMENT RELATIONS AND COMMUNICATIONS ON ISSUES	OF HEALTH AND	
Ë		SAFET	ΓY.			
Governance	2	Check t	his bo	If the organization discontinued its operations or disposed of more than 2	5% of its net assets	
ජ				ing members of the governing body (Part VI, line 1a)	1.1	8
Activities &				lependent voting members of the governing body (Part VI, line 1b)		8
¥				of employees (Part V, line 2a)		1
ਝ						0
⋖					· · · · · · · · · - - - - - - - - - - 	0.
				related business revenue from Part VIII, column (C), line 12		0.
	ו מ	vet unre	erated	business taxable income from Form 990-T, line 34	Prior Year	Current Year
		_			FIIOI Teal	Current real
e				and grants (Part VIII, line 1h)	1 400 103	1 502 500
le l	9 1	Program	n serv	ce revenue (Part VIII, line 2g)	1,400,183.	1,583,580.
Revenue				come (Part VIII, column (A), lines 3, 4, and 7d)	105,223.	52,027.
_	11 (Other re	evenu	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total re	venue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,505,406.	1,635,607.
;	13	Grants	and s	milar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits	s paid	to or for members (Part IX, column (A), line 4)		
ဖွ	15	Salaries	s, oth	r compensation, employee benefits (Part IX, column (A), lines 5-10)	4,082.	0.
Expenses	1			undraising fees (Part IX, column (A), line 11e)		
9				ing expenses, Part IX, column (D), line 25) ▶		, w ^w ()
ũ	l .			es (Part IX, column (A), lines 11a-11d, 11f-24f)	1,217,059.	1,267,988.
				s Add lines 13-17 (must equal Part IX, column (A), line 25)	1,221,141.	1,267,988.
	1			expenses Subtract line 18 from line 12	284,265.	367,619.
- S				<u> </u>	Beginning of Year	End of Year
Net Assets or Fund Balances	20	Total as	eeste i	Part X, line 16)	3,257,163.	3,603,060.
\ss(21			Fart X, line 16)	204,592.	182,870.
a f	22			fund balances Subtract line 21 from line 20	3,052,571.	3,420,190.
				Block	3700270711	371207130
Pe	irt II					
		Under p	penalti Itef. it	of perjury, indeclare that I have examined this return, including accompanying schedules true, correct, and complete Declaration of preparer (other than officer) is based on all	and statements, and to the information of which prepared	e best of my knowledge arer has anv knowledge
_			12	1: 1/1-	2/2/	l .
	ign	4	Z _) 22 d 0 d 0 d	Pote 2/23/	11
-	ere		ignatu	e of officer	Date	
				Brian D'ARRY Muster		
		T	ype or	print name and title		
		Prepar	er's	Date 3/19/11 Check self-		identifying number
Paid		signati	ure (empio	/ed ▶ / 603	49509
	parer's			or yours MILLER, KAPLAN, ARASE & CO., LLP	EIN ▶ 9	5-2036255
use	Only	if self-e address			Phone no ▶ 8	18-769-2010
Ма	y the If	RS disc	uss tl	is return with the preparer shown above? (see instructions)		X Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.*

Form 990 (2009)

02168M F173

JSA 9E1010 3 000

orm	990 (20			100	95-48	828067	Page 2
	t III	Statement of Program S	Service Accom	plishments			
		describe the organization's		ENT ACTIVITIES I	DESIGNED TO	IMPROVE	
		R-MANAGEMENT RELAT					
5	AFET	Υ.					
_							
		organization undertake or Form 990 or 990-EZ?					
ŀ	f "Yes,'	" describe these new servi	ices on Schedi	ule O			
5	ervices						. Yes X No
		describe these changes of					
		be the exempt purpose acl					
		n 501(c)(3) and 501(c)(4) ons to others, the total ex					or grants and
•	illocati	ions to others, the total ex	penses, and re	venue, il ally, loi each p	program service re	ported	
la (Code) (Expenses S	<u> </u>	including grants of S	<u> </u>)(Revenue \$	
		ROMOTE JOINT LABOR	R-MANAGEMI				/
		R-MANAGEMENT RELA					
_		SAFETY.				: · · ·	
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4b	Code) (Expenses	\$	including grants of	\$)(Revenue \$)
				· · · · · · · · · · · · · · · · · · ·			
		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			···
			•				
							· · · · · · · · · · · · · · · · · · ·
40	(Codo) (Expenses	<u> </u>	including grants of \$	<u> </u>) (Revenue \$	······································
46	(Coue)(Expenses	Ψ	moldaling grants or t	·	_)(Nevenue #	······································
			-				•
							
						 	
				-		· · · · · · · · · · · · · · · · · · ·	
	_					-,,-	 -
							
	·						
					·		
4d	Other	program services. (Descri	be in Schedule	0)			
		· -	luding grants) (Revenue \$)	
		program service expense					
	_						Form 990 (2009)

Checklist of Required Schedules

Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"	_		
_	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			,,
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		.,
_	complete Schedule D, Part III	8	_	X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V			Х
40	Did the organization, directly or through a related organization, hold assets in term, permanent, or	9		_^
10	quasi-endowments? If" Yes," complete Schedule D, Part V	40		х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	10		
	VII, VIII, IX, or X as applicable	11	х	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
·	Schedule D, Part VI.		• 1	
	Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more			.
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more		J. Time	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	*		
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		-	ľ
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"		, Jage	
	complete Schedule D, Parts XI, XII, and XIII	12	X	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? Yes No			
	if "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			,,
4.5	· ·	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	4-		l .
4.6	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	4.0		x
17	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	47		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		- A
. 0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	 	
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? <i>If</i> "Yes," complete Schedule H	20		X
	2.2 the dige		ı	<u> </u>

Part	Checklist of Required Schedules (Continued)			
24	Did the association was at more than \$5 000 of grants and other assertance to governments and arganizations		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
22	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		_	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			ĺ
	. 24b through 24d and complete Schedule K. If "No," go to question 25	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II .	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			1
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			.,
	Schedule L, Part N	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L			l ,
	Part N	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		X
24	conservation contributions? If "Yes," complete Schedule M	30		
31	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	 •		 -
32	Schedule N. Part II	32	1	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	-		
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
•	III, N, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	ŀ		
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O		Х	
		Fom	990	(2009

Par	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		**	
	U.S. Information Returns. Enter -0- if not applicable	, ,	بالمريان	
h	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	27	ž .	Ì
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		d 14	*-
C	gaming (gambling) winnings to prize winners?	1c	X	لئب خدما
2.0	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			r- ×
2 d	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 1		بالمراثرة المراثرة	ž.
_	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
D	· · · · · · · · · · · · · · · · · · ·	20		,
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	,	ارب چو	* * * *
	instructions)		4. "	,
зa	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	3 a		Х
	this return?	3b		
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	30		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			x
	account)?	4a	,	
b	If "Yes," enter the name of the foreign country ▶	2	,	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		۱ ،	
_	and Financial Accounts.	<u> </u>		X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	_		
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			ļ ,,
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		() }
7		4		6
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	ļ		-81
	and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с	ļ	ļ
	If "Yes," indicate the number of Forms 8282 filed during the year	**	-	1
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	<u> </u>	·	<u> </u>
	benefit contract?	7e		<u> </u>
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
-	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		<u> </u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	l	ļ	
	required?	7h	 	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	<u> </u>	<u> </u>	
	organization, have excess business holdings at any time during the year?	8		ļ
9	Sponsoring organizations maintaining donor advised funds.		ļ	i
	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]	1		
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			1
	amounts due or received from them)	ļ	ļ	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	L	ł.,
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

			Yes	١
а	Enter the number of voting members of the governing body			Γ
	Enter the number of voting members that are independent		-	
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			ı
	any other officer, director, trustee, or key employee?	2		1 :
		_		Γ
	Did the organization delegate control over management duties customarily performed by or under the direct	3		1
	supervision of officers, directors or trustees, or key employees to a management company or other person?			┝
	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		H
•	Did the organization become aware during the year of a material diversion of the organization's assets?	5		ŀ
•	Does the organization have members or stockholders?	6		Ł
'a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		L
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		L
	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	_		
а	The governing body?	8a	X	l
	Each committee with authority to act on behalf of the governing body?	8b		T
	,			t
)	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		l
		эа		T
	on B. Policies (This Section B requests information about policies not required by the Internal			
,ve	nue Code.)		Yes	Γ
	- · · · · · · · · · · · · · · · · · · ·	10a		t
	boes the organization have local chapters, branches, or animacos.	iva		+
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			١
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		¥
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	X	1
Α	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		-	1
		12a	X	l
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			Ι
~		12b	Χ	l
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			t
С	describe in Schedule O how this is done	12c	Х	1
_		13	Х	t
3	Does the organization have a written whistleblower policy?		X	t
4	Does the organization have a written document retention and destruction policy?	14		$^{+}$
5	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-		۱
а	The organization's CEO, Executive Director, or top management official	15a	Х	1
b	Other officers or key employees of the organization	15b		1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
3a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		ļ
L	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	1,94		t
D	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			١
		16h	-	t
	the organization's exempt status with respect to such arrangements?	100		Τ
				-
7	List the states with which a copy of this Form 990 is required to be filed >			-
3	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)	s only)	
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
9	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of intel	rest		
	policy, and financial statements available to the public			
0	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne		
	State the name, physical address, and telephone number of the person who possesses the books and records of the organization MARY CARBAJAL-WAID, 11801 SHELDON STREET, SUN VALLEY, CA 91352-1	508		
				٠.
	818-771-4695			

(E)

Χ

(A)

(F)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."

Check this box if the organization did not compensate any current officer, director, or trustee

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees, highest compensated employees; and former such persons

(C)

(^)	(6)	3) (0)						(5)	(-)	()
Name and Title	Average hours per week	individual trustee Or director		Officer	Key employee	Mighest compensated at employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
ARAM BENYAMIN										
EMPLOYER TRUSTEE	1.00	X	-	<u> </u>	ļ	ļ		0.	0.	0.
JAMES MCDANIEL EMPLOYER TRUSTEE	1.00	X						0	0	0.
DAVID NAHAI	1.00			H						<u> </u>
EMPLOYER TRUSTEE	1.00	X						0	0	0.
RAMAN RAJ					\vdash					
EMPLOYER TRUSTEE	1.00	Х						0	. 0	0.
CECILIA K.T. WELDON			1	Ī						
EMPLOYER TRUSTEE	1.00	X						0	0	0.
RUSS BUTOW										
UNION TRUSTEE	1.00	X	\	<u> </u>				0	0	0.
BRIAN D'ARCY										
UNION TRUSTEE	1.00	Х						0	. 0	0.
DAVID DONOVAN										
UNION TRUSTEE	1.00	X			<u> </u>		<u> </u>	0	. 0	0.
DAVE HANSON	_	1								
UNION TRUSTEE	1.00	X	ļ_	<u> </u>				0	. 0	0.
JESSE MERCADO	_						ļ			
UNION TRUSTEE	1.00	X	1		<u> </u>	ļ	<u> </u>	0	. 0	0.
JON POKORSKI	_									
UNION TRUSTEE	1.00	X	_	<u> </u>	<u> </u>	ļ	_	0	. 0	0.
	-		!							
		 	T							

Form 990 (2009)

JSA

Part VII Section A. Officers, Directors, Tru	stees, Ke	y Em	plo	yee	es,	and F	ligl	hest Compensat	ed Employe	es (co	ontinued)
, (A)	(B)			(0	C)			(D)	(E)		(F)
Name and title	Average hours per week	_	_	chec Officer		hat app	Former	Reportable compensation from	Reportable compensati from relate	Estimated amount of other	
		Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ıer	the organization (W-2/1099-MISC)	organizatioi (W-2/1099-M	ns	compensation from the organization and related
	į	Ö	tee			sated					organizations
		_									
		ļ									
	<u> </u>										
1b Total							•	0	1	0.	0
2 Total number of individuals (including but not reportable compensation from the organization			liste O	ed a	bov	e) wh	o re	eceived more than	\$100,000 in		
3 Did the organization list any former office	cer direct	or or	tri	iete	<u> </u>	kev (emi	nlovee or highes	t compensat	ted	Yes No
employee on line 1a? If "Yes," complete Sched	ule J for su	ich ind	livid	ual							3 X
the organization and related organizations	the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such										
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for					5 X						
Section B. Independent Contractors											
Complete this table for your five highest compensation from the organization	compensa	ited ii	nde	pen	den	t con	trac	ctors that receive	d more than	າ \$10	0,000 of
(A) Name and business add	iress							(B) Description of se	ervices	С	(C) compensation
ATTACHMENT 2											
							+				
							+-	. <u>. </u>			/
2 Total number of independent contractors (impore than \$100,000 in compensation from the compensation from				nıte	ed t	o tho	se	listed above) who	receiv e d		* ', ', ',

Pai	rt VIII	Statement of Revenue			95-4828067		, age s
	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	ь	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d			,		
ontribution 1d other si	f · g	All other contributions, gifts, grants, and similar amounts not included above . Noncash contributions included in lines 1a-1f \$	_		. %		
	_	Total. Add lines 1a-1f	▶	0			
nne		Business	Code	` ` ` `	1 1 12	*, ** <u>*</u>	
Program Service Revenue	2a b c	POWER OF THE CITY OF LOS ANGELES 900099		1,583,580.	1,583,580		
Program	e f g	All other program service revenue		1,583,580	2. 1 2. 1 2. 1 2. 1 2. 1 2. 1 2. 1 2. 1	- No. C P P P P P P P P	W T
	3 4 5	Investment income (including dividends, interest, and other similar amounts)		52,027 0 0.			52,027
	6a b c	Gross Rents	bonai	0		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	7a	Gross amount from sales of assets other than inventory	her			,,	
	b c d	Less cost or other basis and sales expenses Gain or (loss)				* 1,17	
/enne	8a	Gross income from fundraising events (not including \$, ,	2000	* , , , , , , , , , , , , , , , , , , ,	, 44
Other Revenue		of contributions reported on line 1c) See Part IV, line 18 a Less direct expenses b		∳ ,	in the second se	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3.5 2.5
0		Net income or (loss) from fundraising events		0		, &, ·	4
	b c	Less direct expenses		0			
		Gross sales of inventory, less returns and allowances a					,
		Less cost of goods sold b Net income or (loss) from sales of inventory. Miscellaneous Revenue Business		0			
	11a b c						
	d e 12	All other revenue		0.	1,583,580		52 027
		The state of the s	• • •	1,000,007	1,303,380	<u> </u>	52,027

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Do not include amoun 7b, 8b, 9b, and 10b o	ts reported on lines 6b, f Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	sistance to governments and US See Part IV, line 21	0.			
	assistance to individuals in line 22	0.		_	\$ <u>.</u>
	assistance to governments, individuals outside the				
	es 15 and 16	0.			
4 Benefits paid to or fe	or members	0.		* 147 ± 1	e in the second
· ·	current officers, directors,	0.		organization electing	
6 Compensation not in	included above, to disqualified under section 4958(f)(1)) and		complete	columns (B), (C) and	
persons described in	n section 4958(c)(3)(B)	0.			· · · · · · · · · · · · · · · · · · ·
7 Other salaries and w	vages	0.			
•	outions (include section 401(k) employer contributions)	0.			
	nefits	0.			·
		0.			
11 Fees for services (no	on-employees)				
a Management		0.			
_		5,173.			<u>.</u>
=		25,575.			
		0.			
	ng services See Part IV, line 17	2,460.			· · · - ·
_	ment fees	17,964.			
	mation	11,684.			
,	motion	63,346.			
•	ogy	0.	-		·
		0.			
		27,762.			
•		33,911.			· -
18 Payments of travel	or entertainment expenses	0.			
-	ate, or local public officials	0.			
	entions, and meetings	0.			
	es	0.			
	tion, and amortization	32,322.			
		15,096.			
	Itemize expenses not				
•	expenses grouped together		-		
	ellaneous may not exceed es shown on line 25 below)		-		-
a REIMBURSED A	ADMIN. EXPENSES	546,064.			
	RKSHOPS AND EXP.	431,869.			
c MEMBERSHIP N		49,888.			
d DUES AND SUE		1,233.			
e MISCELLANEOU	JS EXPENSES	3,641.			
f All other expenses		1 067 000			
	enses. Add lines 1 through 24f	1,267,988.			
organization report	k here If following lete this line only if the ed in column (B) joint costs educational campaign and ion				
JSA 052 1 000					Form 990
02168M F17	3	V 09-9.3	3 29-	05699	PA

Pa	rt X	Balance Sheet			
		,	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	98,222.	1	390,378.
	2	Savings and temporary cash investments	2,981,656.	2	3,040,872.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	2,542.	4	27,959.
	5	Receivables from current and former officers, directors, trustees, key		,	
		employees, and highest compensated employees. Complete Part II of	4 1		
	-	Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section	,		
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete	*	İ	_
		Part II of Schedule L		6	-
Assets	7	Notes and loans receivable, net		7	
SS	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges	46,650.	9	41,301.
		Land, buildings, and equipment: cost or 10a 238,812.		-	¥**
	lvu	other basis. Complete Part VI of Schedule D	, ,		- ·
	h	Less: accumulated depreciation	128,093.	10c	102,550.
	11	Investments - publicly traded securities.		11	<u> </u>
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	• -		14	
		Intangible assets		15	••
	15	Other assets. See Part IV, line 11	3,257,163.		3,603,060.
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	204,592.		182,870.
	17	Accounts payable and accrued expenses		18	102,070.
	18	Grants payable		19	
	19	Deferred revenue		20	-
	20	Tax-exempt bond liabilities		21	
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ħ	22	Payables to current and former officers, directors, trustees, key	r		 -,
jab.		employees, highest compensated employees, and disqualified			
_		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	-
	25	Other liabilities Complete Part X of Schedule D	204 500	25	100 070
	26	Total liabilities. Add lines 17 through 25	204,592.	26	182,870.
es		Organizations that follow SFAS 117, check here ▶ and complete lines 27 through 29, and lines 33 and 34.	-		-
anc	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
Þ	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117, check here ► X and complete lines 30 through 34.			
Ş	30	Capital stock or trust principal, or current funds		30	
sel	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds	3,052,571.	32	3,420,190.
Net Assets	33	Total net assets or fund balances	3,052,571.		3,420,190.
2	34	Total liabilities and net assets/fund balances	3,257,163.		3,603,060.

Form **990** (2009)

 b Were the organization's financial statements audited by an independent accountant? c if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? if the organization changed either its oversight process or selection process during the tax year, explain in Schedule O d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both X Separate basis Consolidated basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 		Yes	No
b Were the organization's financial statements audited by an independent accountant?	; . ;-		1. 1
the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both X Separate basis Consolidated basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X	X
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both X Separate basis Consolidated basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	2c	X	-
the Single Audit Act and OMB Circular A-133?			-
-	3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3 b		

SCHEDULE'D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LOCAL 18.	IBEW-DWP	JOINT	SAFETY	INSTITUTE

Employer identification number

LOC	AL 18, IBEW-DWP JOINT SAFETY INSTITUTE	95-4828067
Par	Organizations Maintaining Donor Advised Funds or Other Similar Funds or A the organization answered "Yes" to Form 990, Part IV, line 6.	Accounts. Complete if
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in don	or advised
,	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds	
•	used only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	
	purpose conferring impermissible private benefit?	
Par		m 990. Part IV. line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
•		an historically important land area
		a certified historic structure
	Preservation of open space	a sortifica filotofilo strastare
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	he form of a conservation
-	easement on the last day of the tax year	
	,	Held at the End of the Year
а	Total number of conservation easements	2a
b		2b
c		2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	
	the tax year ▶	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, han	idling of
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ease	ments during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easement	ts during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sec	
	170(h)(4)(B)(i) and 170(h)(4)(B)(ıı)?	
9	In Part XIV, describe how the organization reports conservation easements in its revenue and	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	al statements that describes
	the organization's accounting for conservation easements	Cincilar Appata
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Other Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	Similar Assets.
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue start, historical treasures, or other similar assets held for public exhibition, education, or rese	atement and balance sheet works of arch in furtherance of public service
	provide, in Part XIV, the text of the footnote to its financial statements that describes these iter	ns
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statem	
	historical treasures, or other similar assets held for public exhibition, education, or resea	rch in furtherance of public service,
	provide the following amounts relating to these items:	. .
	(i) Revenues included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar a	ssets for financial gain, provide the
	following amounts required to be reported under SFAS 116 relating to these items:	► ¢
a	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2009

Part	Organizations Maintaini	ng Colle	ctions o	f Art, Hi	storical	Treasures	s, or (Other Similar As	sets (c	ontinued)_	
•		:				-1,, -6 41	a fall	avviaa that ava:			
	Using the organization's acquisition		on, and o	tner reco	ras, cne	ck any of tr	ne roll	owing that are a si	gnifican	t use of its	
	collection items (check all that appl	у)									
а	Public exhibition			d	<u> </u>		cnang	ge programs			
Ь	Scholarly research			е		Other					
С	Preservation for future ge								_		
4	Provide a description of the organiz	zation's co	ollections	and expl	ain how	they further	r the c	organization's exen	ipt purp	ose in	
_	Part XIV.										
5	During the year, did the organization								_		٦
	assets to be sold to raise funds rath										No
Par	Escrow and Custodial A IV, line 9, or reported an						n ansv	wered "Yes" to Fo	orm 99	0, Part	
	TV, lille 9, of reported an	amount	OH FOIL	1 990, F	מונא, ווו	<u></u>					
1.0	Is the organization an agent, truste	e custodi	an or oth	er interm	odiani f	or contributi	one o	r other accets not			
ıa	included on Form 990, Part X?								Г	Yes	No
L	If "Yes," explain the arrangement in								٠٠٠ ـ	res	_ NO
Ь	in res, explain the arrangement in	I F all Alv	and com	piete trie	Ollowin	y lable.			ount		
_	Beginning balance						4.	AIII	Ount		
	Additions during the year										
	Distributions during the year						-				
	Ending balance										
	Did the organization include an am							.		Yes	No
	-			, rail A,	iiile Z i ?	• • • • • •	• • •	• • • • • • • • • • • • • • • • • • • •	L	res	NO
_	If "Yes," explain the arrangement in tV Endowment Funds. Com			ation on	oworod	"Voo" to E	orm C	OO Port IV line			
Par	Endowment Funds. Con	(a) Curre			or year	(c) Two ye				(e) Four years	- hook
10	Beginning of year balance	(a) Curie	entreal	(6) PII	ioi yeai	(C) TWO YE	ears par	(u) Three years	Dack	(e) Four years	Dack
	Contributions	<u> </u>						-			
						-					
C	Net investment earnings, gains,	ı					-			-	_ `
_	and losses						_			* -	<u> </u>
	Grants or scholarships					 				_	
е	Other expenditures for facilities .					_	· ·	, '	_		•
	and programs	-					-				
	Administrative expenses					<u> </u>					
g	End of year balance	- f 4				<u></u>					
2	Provide the estimated percentage	-	ar end ba		as:						
_	Board designated or quasi-endown	_ _ _		%							
	Permanent endowment >	%									
	Term endowment ▶	_%		41		41-4					
зa	Are there endowment funds not in	tne poss	ession of	the orga	inization	that are ne	io and	administered for the	ie	<u> </u>	I NI -
	organization by:									Yes	No
	(i) unrelated organizations									3a(i)	┼—
b	(ii) related organizations									3a(ii)	\vdash
4	If "Yes" to 3a(ii), are the related org	-		-			• • •			3b	
4	Describe in Part XIV the intended to						ort V	line 10			
Pa	t VI Investments - Land, Bui	iuiriys, a		•	- 1					D =	
	Description of investment			or other bas estment)	sis (b) Cost or other basis (other)	er	(c) Accumulated depreciation	(0	l) Book value	
1a	Land										_
b	Buildings										
С	Leasehold improvements										
d	Equipment					238,8	312.	136,262.		102,	550.
	Other										
Tota	I. Add lines 1a through 1e (Column	(d) must	t equal Fo	rm 990, I	Part X, co	olumn (B), lıı	ne 10	(c).) ▶		102,	550.
									Sched	ule D (Form 99	0) 2009

Part VII	Investments - Other Securities. See	e Form 990, Part X, line	e 1 <u>2</u> .
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial d	derivatives		
	eld equity interests		
		ı	
_			
- -			
			
	nn (b) must equal Form 990, Part X, col. (B) line 12) Investments - Program Related. Se	o Form 000 Part V lin	0.13
Part VIII			(c) Method of valuation
	(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Colui	mn (b) must equal Form 990, Part X, col (B) line 13)	>	
Part IX	Other Assets. See Form 990, Part	·	
		(a) Description	(b) Book value
	·-		
	-		
		,	
			
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) line 15).		
Part X	Other Liabilities. See Form 990, Pa		
1.	(a) Description of liability	(b) Amount	,
Fe deral in	ncome taxes		
			, , , , , , , , , , , , , , , , , , , ,
		_	3 3 3
			A STATE OF THE STA
			A STATE OF THE STA
Total (Colu	ımn (b) must equal Form 990, Part X, col (B) line 25)	>	*1

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 JSA 9E1270 1 000 02168M F173

_	e D (Form 990) 2009 95 – 4828067			Page 4
Part:	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem	ents	3	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		1,635,607
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		1,267,988
3	Excess or (deficit) for the year Subtract line 2 from line 1	3		367,619
4	Net unrealized gains (losses) on investments	4		
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV)	8		
9 .	Total adjustments (net). Add lines 4 through 8	9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			367,619
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret			307,013
			4	1,635,607
1	Total revenue, gains, and other support per audited financial statements	• -	1	1,033,007
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1	
a	Net unrealized gains on investments			
b	Donated services and use of facilities		-	
С	Recoveries of prior year grants	_	47	
d	Other (Describe in Part XIV)		1	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	$\cdot \mid$	3	1,635,607
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ļ	-	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_		
b	Other (Describe in Part XIV.)			
С	Add lines 4a and 4b	. L	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,635,607
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	etur	n	
1	Total expenses and losses per audited financial statements		1	1,267,988
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	. [
а	Donated services and use of facilities 2a			
b	Prior year adjustments 2b		٠,٠	
C	00 1		-:	
d	Other (Describe in Part XIV.)	一.		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	·	3	1,267,988
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	`	<u> </u>	
-	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Bort VIV)		4	
b	Other (Describe in Part XIV) Add lines 4a and 4b	\dashv	40	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).	··⊢	4c	1,267,988
5	XIV Supplemental Information	•	5	1,201,900
Compand 2	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pab, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b A art to provide any additional information			
- -			- -	
				-
- -				
			Sched	ule D (Form 990) 2009

Part XIV 'Supplemental Information (continued)

Schedule D (Form 990) 2009

SCHEDULE'O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Intarnal Revenue Service

Name of the organization

LOCAL 18, IBEW-DWP JOINT SAFETY INSTITUTE

Employer identification number

95-4828067

ATTACHMENT 1

PART VI, LINE 8B:

THE ORGANIZATION DOES NOT HAVE COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

PART VI, LINE 11A:

FORM 990 WAS PROVIDED TO ALL TRUSTEES FOR REVIEW BEFORE IT IS FILED.

PART VI, LINE 12C:

EVERY SIX MONTHS THE POLICY IS REVIEWED AT A TRUSTEE MEETING.

PART VI, LINE 15A:

IN ACCORDANCE WITH THE AGREEMENT AND DECLARATION OF TRUST BETWEEN THE EMPLOYER AND THE UNION, SALARIES PAID TO THE EMPLOYER-APPOINTED ADMINISTRATOR AND THE UNION-APPOINTED ADMINISTRATOR SHALL BE EQUAL.

SALARY PAID TO THE EMPLOYER-APPOINTED ADMINISTRATOR IS PAID BY THE EMPLOYER. SALARY PAID TO THE UNION-APPOINTED ADMINISTRATOR IS PAID BY THE EMPLOYER AND THE UNION.

PART VI, LINE 15B:

THE ORGANIZATION DOES NOT HAVE OTHER OFFICERS OR KEY EMPLOYEES.

PART VI, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE FOR VIEWING AT THE

Schedule O (Form 990) 2009

Page 2

Name of the organization LOCAL 18, IBEW-DWP JOINT SAFETY INSTITUTE Employer identification number 95-4828067

ATTACHMENT 1 (CONT'D)

ORGANIZATION'S OFFICE UPON REQUEST.

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

KARL LEIST SAFETY PEAK PERFORMANCE LLC 4170 212TH WAY, SE

INSTRUCTIONAL SVCS.

377,628.

SAMMAMISH, WA 98075-7256

TOTAL COMPENSATION

377,628.

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Department of the Treasury

Part I

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

Employer Identification number 95-4828067

(f)
Direct controlling
entity

(e) End-of-year assets (d) Total income Identification of Disregarded Entities (Complete If the organization answered "Yes" on Form 990, Part IV, line 33.) Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.
 ★ Attach to Form 990. (c) Legal domicile (state or foreign country) (b)
Primary activity LOCAL 18, IBEW-DWP JOINT SAFETY INSTITUTE (a)Name, address, and EIN of disregarded entity Name of the organization

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) 9 Part II

(6 6					
(a)	(q)	(0)	(p)	(e)	€
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section Public charity status (if section 501(c)(3))	Public charity status (if section 501(c)(3))	Direct controlling entity
LOCAL 18, IBEW-DWP JT. TRAINING INSTITUTE 81-0577043 11801 SHELDON STREET, SUN VALLEY, CA 91352-1508 TRAIN. INST.	TRAIN. INST.	CA	501(C)(6)	N/A	N/A
				1	

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2009

95-4828067

Page 2

Schedule R (Form 990) 2009

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Forth 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

General or managing partner?	Yes No	-	-			 _
(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)						
(h) Disproportonala aflocatora?	Yes No			_		
(g) Share of end-of-year assets						
(f) Share of total income						
(e) Predominant Income (related, unrelated, excluded from tax under	512-514)					
(d) Direct controlling entity						
(c) Legal domicile (state or foreign	country)		į			
(b) Primary activity						
(a) Name, address, and EIN of related organization						

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part Part IV

	IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	ed organizations t	reated as a cor	poration or trus	t during the tax	(year.)		
	(a) Name. address. and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Direct controlling	(e) Type of entity	(f) Share of total income	(g) Share of	(h) Percentage
		•	(state or foreign country)	entity	(C corp, S corp, or trust)		end-of-year assets	ownership
1 1 1								
-								

Schedule R (Form 990) 2009

PAGE 21

JSA

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.) Part V

				Yes No	ş
Ž	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				
_	During the tax year, did the organization engage in any of the following transactions with one of mind engage in any of the following transactions with one of mind engage in any of the following the tax year, did the organization engage in any of the following the fax year, did the following the fax year, did the organization engage in any of the following the fax year, did the fax year,		<u></u>		×
σ.			- 2	_	×
٥		· · · ·	12		×
ပ	_				$ \times$
σ	Loans or loan guarantees to or for other organization(s)		<u> </u> -	1	>
Φ .			1e		× S
,			11		×
-			19		×
0		· · · ·	=		×
_			=		×
-	Lease of facilities, equipment, or other assets to other organization(s)			20	
			1		×
-	Lease of facilities, equipment, or other assets from other organization(s)				×
¥	Reformance of services or membership or fundraising solicitations for other organization(s)		:		×
-	Performance of services or membership or fundraising solicitations by other organization(s)			×	1
Ε				1	×
_	n Sharing of paid employees				
(•	10		\times
0			1 _p		×
a	p Reimbursement paid by other organization for expenses	· · ·			
			10		×
ъ			: :		×
-	Other transfer of cash or property from other organization(s).	and transac	relationships and transaction thresholds	- پ	
,	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationship.	alla tialisa	(a)	2	
	(a) Transaction Name of other organization type (a–r)	-	Amount involved	lved	
Ξ					
1					
(2)					
3					
₹					
(2)		-			1
9					
1			Schedule R (Form 990) 2009	m 990) 2	600

V 09-9.3

95-4828067

Page 4

Schedule R (Form 990) 2009

Part VI

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (slate or foreign country)	(d) Are all partners section 501(c)(3)	(e) Share of end-of-year assets	(f) Disproportionate allocations?	(g) Code V-UBI amount in box 20 of Schedule K-1	(h) General or managing partner?
			Yes No		Yes No	(Form 1065)	Yes No
						i.	
						i	
						Schedule R (Form 990) 2009	990) 2009

29-05699

OMB No. 1545-1709

(Rev. January 2011)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury File a separate application for each return. Internal Revenue Service • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Chanties & Nonprofits. Part 1 Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization **Employer** identification number Type or print Number, street, and room or suite no. If a P.O. box, see instructions. File by the due date for filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions Enter the Return code for the return that this application is for (file a separate application for each return) Application Return Application Return Is For Code Is For Code 01 07 Form 990-T (corporation) Form 990 Form 990-BL 02 Form 1041-A 80 Form 990-EZ 03 Form 4720 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 The books are in the care of ► FAX No. ▶ • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . . . ▶ □ . If it is for part of the group, check this box ▶ □ and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until _____, 20 ____, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► ☐ calendar year 20 ____ or ▶ 🗌 tax year beginning ______, 20 _____, and ending ______, 20 _____. If the tax year entered in line 1 is for less than 12 months, check reason:

Initial return

Final return ☐ Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a |\$ b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

estimated tax payments made. Include any prior year overpayment allowed as a credit,

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS

(Electronic Federal Tax Payment System). See instructions.

3b

Зс

,					
Form 8868 (Rev 1-					Page 2
	ng for an Additional (Not Automatic) 3-Mo				
Note. Only cor	mplete Part II if you have already been gran	ted an auto	omatic 3-month extension on a pre	eviously filed For	m 8868.
	ng for an Automatic 3-Month Extension, c				1\
	dditional (Not Automatic) 3-Month Ex lame of exempt organization	ktension (of Time. Only file the original (h	o copies need Employer identif	
	ocal 18, IBEW-DWP Joint Safety Institute				28067
•	lumber, street, and room or suite no. If a P.O. bo	v saa instr	- Alana	93-40	
extended [1801 Sheldon Street	in, see msur	ecuons.		
une date for	City, town or post office, state, and ZIP code. For	a foreign a	Idraes, eco instructions		
remiii 3 cc i	un Valley, California 91352-1508	a loreigh a	odiess, see ilistructions.		
ilisu dedolis.	un valley, callornia o 1002-1000				
Enter the Retu	rn code for the return that this application is	s for (file a	separate application for each retu	m)	0 1
Application		Return	Application		Return
Is For		Code	Is For		Code
Form 990		01			
Form 990-BL		02	Form 1041-A		80
Form 990-EZ		03	Form 4720		09
Form 990-PF		04	Form 5227		10
Form 990-T (s	sec. 401(a) or 408(a) trust)	05	Form 6069		11
	trust other than above)	06	Form 8870		12
STOP! Do not	complete Part II if you were not already gra	anted an au	ntomatic 3-month extension on a p	previously filed	Form 8868.
• If this is for a for the whole glist with the na	ration does not have an office or place of but a Group Return, enter the organization's four group, check this box	usiness in Ir digit Gro it is for par n is for.	up Exemption Number (GEN) t of the group, check this box .	▶ 🗆	. If this is
4 I reques	st an additional 3-month extension of time	until	May 15th	, 20 <u>11</u> .	
5 For cale	endar year , or other tax year beginnir	ng <u></u>	July 1 , 20 09 , and endir		
	ax year entered in line 5 is for less than 12 n nge in accounting period	nonths, ch	eck reason:	☐ Final return	
7 State in	n detail why you need the extension The accurate return.	annual audi	t is in progress. Additional time is r	equired to file a	complete
	pplication is for Form 990-BL, 990-PF, 990 and able credits. See instructions.	O-T, 4720,	or 6069, enter the tentative tax, le	ess any 8a \$	
estimate	application is for Form 990-PF, 990-T, 4 ed tax payments made. Include any prior paid previously with Form 8868.				·
c Balance	e due. Subtract line 8b from line 8a. Include yonic Federal Tax Payment System). See instruc		t with this form, if required, by using		
	Sign perjury, I declare that I have examined this form, incli- complete, and that I am authorized to prepare this form.	luding accom	d Verification panying schedules and statements, and to	the best of my kno	wledge and belief, it is
Signature ►	arid Pragge	Title ▶	· C.P.A.	Date ► _	<u> </u>

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public

Oep artment of the Treasury

_	l Revenue		_				to use a			_			rting requiremen		Inspection
F	or the			year, or ta	x year beg	nning		07/	01,2010	, and	ending				30, 20 11
3 ~=	ock of applica			rganization									D Employer ide		on number
		100		18, IBE	W-DWP J	OINT S	AFETY	INS	TITUTE				95-4828	3067	
<u> </u>	Address	,	_	iness As											
	Neme cha			nd street (or P			ed to street	address	5)	Roor	m/suite		E Telephone nu		
	initiel reta			SHELDON									(818) 77	L – 4 6	95
<u></u>	Terminate	. .		vn, state or cour	•										
	Amended			ALLEY, C									G Gross receipt		1,648,084.
	Application			nd address of p	•		AN D'.				.		H(a) Is this a grou affiliates?		
			801	SHELDON							1		H(b) Are all affiliat		
		npt status		501(c)(3)	X 501(c) (6)◀	(insert no))	4947(a)(1)	or	527				see instructions)
		► N/A	г т	· · · · · · · · · · · · · · · · · · ·	 								H(c) Group exemp		
	_	organization		Corporation	X Trust	Associatio	n 01	ther 🕨	•		L Year of	formati	on 2000 M	State of	legal domicile CA
Par		Summary													
Governance	T L S	O PROMO ABOR-MA SAFETY.	OTE ANA		ABOR-MA	NAGEME S AND	NT AC	TIVI NICA	TIES DI	ON .	ISSUES	S OF	MPROVE HEALTH A of its net assets		
8				members of	J		•		·					3	7.
es ?														4	7.
Activities														5	1.
Acti				olunteers (est										6	0.
`				ated business										7 a	0.
				siness taxable										7 b	0.
													Prior Year		Current Year
a	8 C	ontribution:	s and	d grants (Part	VIII, line 1h)										
nue	9 P	rogram ser	vice i	evenue (Part	VIII, line 2g)						[1,583,58	30.	1,618,506.
Revenue				ne (P a rt VIII, d									52,02	27.	29,578.
"	11 0	Other revenu	ue (P	art VIII, colur	nn (A), lines	5, 6d, 8c, 9	(FE)	d 1e	الى سال				·		
				dd lines 8 thr									1,635,60)7.	1,648,084.
	13 G	Frants and s	sımıla	ar amounts pa	ıd (Part IX, c	olumn (A), ၂	lines 1-3)	.A. 2	092. [5]	١					
	14 B	Benefits paid	d to c	or for member	s (Part IX, co	lumma(A), li	ñe 4)°		\%	<u> </u>					
es				ompensation,		11 3			n u u					0.	105,408.
Expenses	16a P	Professional	l fund	draising fees (l	Part IX, colur	nn (A), line	(1) (1) (1)	<u>_17</u>		≓) • • •					
χ			_	expenses (Pa											
				Part IX, colun			•						1,267,9		1,345,747.
	1			Add lines 13-									1,267,9		1,451,155.
- 10	19 R	Revenue les	s ex	penses Subtr	act line 18 fr	om line 12		• • •		<u></u>			367,6		196,929.
Net Assets or Fund Balances		_										Begin	ning of Current		End of Year
sset 3ala	l	Total assets		-									3,603,0		3,781,000.
at A	i			art X, line 26)									182,8		163,881.
				d balances	Subtract line	21 from line	e 20		· · · · · ·	<u></u>		l	3,420,1	90.	3,617,119.
Pa		Signatu			e examined th	s return inc	luding acco	Omnany	ann schedule	s and	statements	and to	o the best of my	nowled	ge and belief, it is true,
cor	rect, and	complete D	eclar	ation of prepare	r (other than p	fficer) is bas	ed on all in	formati	on of which i	prepar	rer has any	knowle	edge	Owieu	ge and belief, it is true,
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	ere	Signati	use of	officer	1		}						Date	- 17	- 112
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Check if Schedule O contains a response to any question in this Part III	orm 990 (2010)			95-4828067	Pag
Errelly describe the organization's mission TO PROMOTE JOINT LABOR-MANAGEMENT ACTIVITIES DESIGNED TO IMPROVE LABOR-MANAGEMENT RELATIONS AND COMMUNICATIONS ON ISSUES OF HEALTH AND SAFETY. Did the organization undertake any significant program services during the year which were not listed on the prior form 190 or 990-E2? If 'Yes,' describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If 'Yes,' describe these changes on Schedule O. Describe the exampt purpose achievements for each of the organization's three largest program services by expenses Section 501(03) and 501(04) organizations and section 491(04) fruits are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported a (Code)(Expenses \$ including grants of \$)(Revenue \$) TO PROMOTE JOINT LABOR-MANAGEMENT ACTIVITIES DESIGNED TO IMPROVE LABOR-MANAGEMENT RELATIONS AND COMMUNICATIONS ON ISSUES OF HEALTH AND SAFETY. b (Code)(Expenses \$ including grants of \$)(Revenue \$)	Part III State	ement of Program Service A	accomplishments esponse to any question in this Part III		
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Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [**Yes**] describe these new services on Schedule O. Did the organization cesse conducting, or make significant changes in how it conducts, any program services by expenses services? [**Yes**] describe these changes on Schedule O. Did the organization cesse conducting, or make significant changes in how it conducts, any program services by expenses services. [**Yes**] describe these changes on Schedule O. Describe the sexempt purposes active-winerits for each of the organizations three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each organizations revoce reported a (Code	TO PROMOT	TE JOINT LABOR-MANA	GEMENT ACTIVITIES DESIGNE	D TO IMPROVE	
Did the organization undertake any significent program services during the year which were not listed on the prior Form 990 or 990-E27 "Yes" (describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? "Yes" (describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 591(-(3)) and 501(-(4)) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported a (Code (Expenses S) (Revenue S)	LABOR-MAN	NAGEMENT RELATIONS .	AND COMMUNICATIONS ON ISS	UES OF HEALTH AND	_
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the prior Form 990 or 990-E27	D.1.1b				
Senoes?	the prior Form If "Yes," desc	m 990 or 990-EZ? cribe these new services on S			Yes X
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Form 9	90 (2010) 95-4828067		F	⊃age 3
Part	IV Checklist of Required Schedules			<u> </u>
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4_		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5	ļ	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6	<u> </u>	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		,,
	complete Schedule D, Part III	8	<u> </u>	X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	_	1	v
4.0	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	40		x
4.4		10	er jac-i	**p: 4
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			100 m
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			ir-se
a	Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
~	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	1.12		T
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		-	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV · ·	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
4.0	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	4.0		\ .
47	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	47		X
10	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	 	+^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	-	+ **
13	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	<u> </u>	X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note . Some Form		<u> </u>	1
_ ~	990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		1

Part	IV Checklist of Required Schedules (continued)			
		- 1	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			ı
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		İ	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			ĺ
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			1
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	1		
	If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	ļ		
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		l	
	Schedule L, Part N	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	ļ		
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	N, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	ļ	X
а	Did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			ļ
	Part V, line 2 Yes X No		ĺ	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		İ	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		1	
	Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O		X	
		For	n 990	(2011

Par				
	Check if Schedule O contains a response to any question in this Part V	• • •	Yes	· No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		(Kyri	. ~
	Did the organization comply with backup withholding rules for reportable payments to vendors and	₹,	-, -	
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		, .	
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 1		<u>.</u>	,,
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	, 		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3 b		-
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			x
h	account)?	4a		\ ^
D	If "Yes," enter the name of the foreign country See particular for fully requirements for Form TD 5.00.23.1. Becaut of Foreign Rock and Foreign Assembly	- 7	7. T.	1
5 ~	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		-
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-		
-	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).	, au	-	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		. i'u.	<u> </u>
	and services provided to the payor?	7 a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		<u> </u>
	If "Yes," indicate the number of Forms 8282 filed during the year	ļ · ·	\$ (^ . ? · .	1:1:
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	ļ	-
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		╁
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		50 r	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		124	45)
9	organization, have excess business holdings at any time during the year?	8	1	╁
-	Did the organization make any taxable distributions under section 4966?	9a		1
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		+
o ~	Section 501(c)(7) organizations. Enter	- 35	17.35	†
	Initiation fees and capital contributions included on Part VIII, line 12		E] -
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1 '		
1	Section 501(c)(12) organizations. Enter	1 .		
а	Gross income from members or shareholders	14		1
b	Gross income from other sources (Do not net amounts due or paid to other sources	Ĩ .*		
	against amounts due or received from them)			1_
2 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	J ,		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O		1	1
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	1		
	Enter the amount of reserves on hand	<u> </u>	 	\bot
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		>
SA E	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		$oldsymbol{ol}}}}}}}}}}}}}}}}}}$
40 1		For	n 990	
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	Check if Schedule O contains a response to any question in this Part VI			X
ecti	on A. Governing Body and Management			
	,		Yes	No
	Enter the number of voting members of the governing body at the end of the tax year · · · · · · 1a 7			
	Enter the number of voting members included in line 1a, above, who are independent Lab			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	_		v
	any other officer, director, trustee, or key employee?	2		Х
	Did the organization delegate control over management duties customarily performed by or under the direct			Х
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6		X
	Does the organization have members or stockholders?	0		 -
	Does the organization have members, stockholders, or other persons who may elect one or more members	7a		Х
	of the governing body?	7 b		Х
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7.5		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			ļ
	the year by the following The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b		Х
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	0.5		
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
ecti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue		.)	
			Yes	No
lΩa	Does the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			Г
-	affiliates, and branches to ensure their operations are consistent with those of the organization?	10ь		
l1a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
_	form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-		
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	L	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		1	
	the organization's exempt status with respect to such arrangements?	16b		
<u>Sect</u>	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)	s only)	
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interesting the second control of the conflict of	erest		
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of torganization ► MARY CARBAJAL-WAID, 11801 SHELDON STREET, SUN VALLEY, CA 91352-	he		
	organization MARY CARBAJAL-WAID, 11801 SHELDON STREET, SUN VALLEY, CA 91352-818-771-4695	T208		- -
	K K = / / = 4 h y h			
ISA	010 771 1050		990	700

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII.............

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A)	(B)	Base		((. 1	(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tru or director	Institutional trustee	Officer	a Highest compensated at employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) ARAM BENYAMIN				-					
EMPLOYER TRUSTEE	1.00	X					0.	0.	. 0
(2) JAMES MCDANIEL									
EMPLOYER TRUSTEE	1.00	X				ļ	0.	0	. 0
(3) RON NICHOLS									
EMPLOYER TRUSTEE	1.00	X				<u> </u>	0.	0	0
(4) RAMAN RAJ									
EMPLOYER TRUSTEE	1.00	Х					0	0	0
(5) CECILIA K.T. WELDON									
EMPLOYER TRUSTEE	1.00	X					0	0	0
(6)BRIAN D'ARCY									
UNION TRUSTEE	1.00	X			ļ]	0	0	0
(7) DAVID DONOVAN									
UNION TRUSTEE	1.00	X					0	. 0	0
(8) DAVE HANSON UNION TRUSTEE	1.00	X					0	. 0	0
(9) JESSE MERCADO									
UNION TRUSTEE	1.00) X					0	J	o
_(10)									
	-								
_(12)	+		T.						
	_	†							
(15)	-								
(16)			-	-	-			-	

Form **990** (2010)

Part VII Section A. Officers, Directors, Tru	stees, Ke	y Em	plo	yee	s,	and H	ligt	nest Compensat	ed Employ	ees (c	ontinued)
(A) Name and title	(B) Average hours per		on (d	checi	k ali	hat app		(D) Reportable compensation	(E) Reporta compensa		(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	fficer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from rela organizat (W-2/1099-	ited ions	other compensation from the organization and related organizations
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)	 				-		<u> </u>				
(24)											
(25)	!										
(26)											
(27)											
(28)	-										
1b Sub-total				L	<u>L.</u>	L	<u> </u>	0		0.	0.
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A .						▶	0		0	0.
Total number of individuals (including but not reportable compensation from the organization)	limited to t	hose	liste					eceived more than	\$100,000 II		
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched	cer, direct	or oi	r tru	uste lual	е, · ·	key (emp	ployee, or highes	t compens	ated	Yes No
4 For any individual listed on line 1a, is the the organization and related organizations individual	greater tl	han S	\$150	0,00	00?	If "Y	es,	" complete Sched	lule J for	such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mper	nsati	ion	fror	n any	un un	related organizati	on or indiv	ıdual	5 X
Section B. Independent Contractors											
Complete this table for your five highest compensation from the organization	compensa	ited i	nde	pen	den	t con	trac	ctors that receive	d more th	an \$1(00,000 of
(A) Name and business add	dress							(B) Description of se	ervices		(C) Compensation
ATTACHMENT 1											
		-					+				
	· · · · · · · · · · · · · · · · · · ·						1				
Total number of independent contractors (if more than \$100,000 in compensation from the contractors of				nıte	ed t	o tho	se	listed above) who	received		Salar Company

Par	t VIII	Statement of Revenue				
5			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d	Federated campaigns		The second secon		
ļ	f g h	All other contributions, gifts, grants, and similar amounts not included above . 1f Noncash contributions included in lines 1a-1f \$ Total Add lines 1a-1f				1
Jue .		Business Code	, '			
Program Service Revenue	2a b c	POWER OF THE CITY OF LOS ANGELES 900099	1,618,506.	1,618,506.		
ram Sei	d e					
Prog	f g	All other program service revenue	1,618,506.			,
	3	Investment income (including dividends, interest, and other similar amounts)			-	29,578.
	4	Income from investment of tax-exempt bond proceeds	0.			
	5	Royalties · · · · · · · · · · · · · · · · · · ·	0.			
	6a	(I) Real (II) Personal		-		
	b	Less rental expenses Rental income or (loss)			,	
	d	Net rental income or (loss)	0.			
	7 a	Gross amount from sales of assets other than inventory (i) Securities (ii) Other		, ,	, " The No.	,
	b	Less cost or other basis and sales expenses Gain or (loss)			, '4	
	d	Net gain or (loss)	0.	1		
/enne	8 a	Gross income from fundraising events (not including \$			٠, ٠, ٠,	7
Other Revenu		of contributions reported on line 1c) See Part IV, line 18		· · · · · · · · · · · · · · · · · · ·	, e section	,
ŧ		Less direct expenses	0.	1 - `		
O	1	Gross income from garning activities See Part IV, line 19	, ,			
	ь	Less direct expenses b		1		
	C	Net income or (loss) from gaming activities	0.	-		
	10a	Gross sales of inventory, less returns and allowances	_			
	b	Less cost of goods sold b Net income or (loss) from sales of inventory)			
		Miscellaneous Revenue Business Code				
	11a				1	
	b		<u> </u> 			
	c		+	 		
	d	All other revenue		 	ļ	
		Total. Add lines 11a-11d				
	12_	Total revenue See instructions	1,648,084.	1,618,506.		29,578

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

(A) Total expenses (C) Management and Do not include amounts reported on lines 6b, Program service Fundráising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and 0 organizations in the U.S. See Part IV, line 21 . . Grants and other assistance to individuals in 2 0. the US See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 0. 0. Benefits paid to or for members Compensation of current officers, directors, 0. trustees, and key employees Compensation not included above, to disqualified 501(c)(6) organization electing not to persons (as defined under section 4958(f)(1)) and 0 complete columns (B), (C) and (D). persons described in section 4958(c)(3)(B) 97,358 Other salaries and wages 7 Pension plan contributions (include section 401(k) 0. and section 403(b) employer contributions). 0. 8,050. 10 Fees for services (non-employees) 0. 8,501 26,611. 0. 0. Professional fundraising services See Part IV, line 17 3,164. Investment management fees 66,776. 48,577. 12 Advertising and promotion 120,095. Office expenses 13 0. Information technology........ 0. Royalties........ 15 29,148. 16 71,050. 17 Payments of travel or entertainment expenses Ω for any federal, state, or local public officials 7,099. 19 Conferences, conventions, and meetings 0. 20 Ō. Payments to affiliates , 21 49,163 Depreciation, depletion, and amortization 22 20,389 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) a REIMBURSED ADMIN. EXPENSES 504,387. b TRAINING WORKSHOPS AND EXP. 316,146. 72,680. c DUES AND SUBSCRIPTIONS d MISCELLANEOUS EXPENSES 1,961. f All other expenses _ _ _ _ _ 1,451,155. Total functional expenses Add lines 1 through 24f Joint Costs. Check here ▶ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. JSA

Pai	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		390,378.	1	495,960.
	2	Savings and temporary cash investments	[3,040,872.	2	3,088,389.
l	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		27,959.	4	524.
	5	Receivables from current and former officers,				
		employees, and highest compensated employee	es Complete Part II of			
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined under				
		described in section 4958(c)(3)(B), and contributing employers	and sponsonng organizations of			
		section 501(c)(9) voluntary employees' beneficiary organizations	(see instructions)		6	
Assets	7	Notes and loans receivable, net			7	
\ss	8	Inventories for sale or use			8	
1	9	Prepaid expenses and deferred charges		41,301.	9	78,802.
	10a	Land, buildings, and equipment cost or				
		other basis. Complete Part VI of Schedule D	10a 302,750.			
	b	Less accumulated depreciation		102,550.	10c	117,325.
	11	Investments - publicly traded securities			11	· · · · · · · · · · · · · · · · · · ·
	12	Investments - other securities See Part IV, line 11	T		12	
	13	Investments - program-related See Part IV, line 11	· ·		13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal		3,603,060.		3,781,000.
	17	Accounts payable and accrued expenses		182,870.		163,881.
	18	Grants payable	ľ		18	······································
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
s	21	Escrow or custodial account liability Complete			21	· · · · · · · · · · · · · · · · · · ·
Liabilities	22	Payables to current and former officers,				
Ē		employees, highest compensated employees, a	- 1			
Ë		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelate			23	
	24	Unsecured notes and loans payable to unrelated t	*		24	
	25	Other liabilities. Complete Part X of Schedule D .			25	
	26	Total liabilities. Add lines 17 through 25		182,870.	26	163,881.
es		Organizations that follow SFAS 117, check here lines 27 through 29, and lines 33 and 34.	▶ and complete			
3nc	27	Unrestricted net assets			27	
38	28	Temporarily restricted net assets			28	
Ē	29	Permanently restricted net assets			29	
or Fund Balances		Organizations that do not follow SFAS 117, che complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds .			30	
se	31	Paid-in or capital surplus, or land, building, or equ			31	,
As	32	Retained earnings, endowment, accumulated income		3,420,190.		3,617,119.
Net Assets	33	Total net assets or fund balances		3,420,190.		3,617,119.
_	34	Total liabilities and net assets/fund balances		3,603,060.		3,781,000.
_				<u> </u>	1 1	,,-

Form 990 (2010)

Form	95-4828067			Pag	e 12
Pa	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		48,0	
2	Total expenses (must equal Part IX, column (A), line 25)	2		51,1	
3	Revenue less expenses Subtract line 2 from line 1	3		96,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,4	20,1	90.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6	3,6	17,1	19.
Pa	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII				
1 2a	Accounting method used to prepare the Form 990 Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b			2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain		2c	Х	
	Schedule O.				
	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year wer issued on a separate basis, consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis				
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		20	1	
_	the Single Audit Act and OMB Circular A-133?		3 a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo th	е		ļ	l

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3 b

Form **990** (2010)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

	e of the organization	Employer identification number
LOC	CAL 18, IBEW-DWP JOINT SAFETY INSTITUTE	95-4828067
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or organization answered "Yes" to Form 990, Part IV, line 6.	Accounts. Complete if the
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in d	oper oduced
•	funds are the organization's property, subject to the organization's exclusive legal control?.	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fun	
•	used only for charitable purposes and not for the benefit of the donor or donor advisor, or fo	r any other
	purpose conferring impermissible private benefit?	
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" to F	form 990 Part IV line 7
1	Purpose(s) of conservation easements held by the organization (check all that apply)	onn 990, Partiv, fille 7.
'		of on both mostly was dead to do
		of an historically important land area
	1	of a certified historic structure
2	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in easement on the last day of the tax year	the form of a conservation
	easement on the last day of the lax year	Held at the End of the Tax Year
_	Total number of conservation accompate	
a	Total number of conservation easements	
b	Total acreage restricted by conservation easements	
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
2	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or termin	nated by the organization during the
4	tax year	
	Number of states where property subject to conservation easement is located >	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, h	
6	violations, and enforcement of the conservation easements it holds?	
0	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ea	sements dunng the year
7	Amount of evapones incurred in monitoring, inspecting, and enforces accomplished accomplished	
'	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easemed	ents during the year
		4.70(1)(4)(5)
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of s	ection 170(n)(4)(B)
9	(ı) and 170(h)(4)(B)(ıı)?	Yes No
9	In Part XIV, describe how the organization reports conservation easements in its revenue ar balance sheet, and include, if applicable, the text of the footnote to the organization's finance	
	organization's accounting for conservation easements	cial statements that describes the
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	ar Similar Assats
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	onimai Assets.
1 0		
1 a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its works of art, historical treasures, or other similar assets held for public exhibition, editions and the organization of the organization	revenue statement and balance sneet ucation, or research in furtherance of
	public service, provide, in Part XIV, the text of the footnote to its financial statements that de	scribes these items
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, edi	ucation, or research in furtherance of
	public service, provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	
•	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar	•
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these item	
a b	Revenues included in Form 990, Part VIII, line 1	· · · · · · · · · • \$
	Paperwork Reduction Act Notice, see the Instructions for Form 990	Schedule D (Form 990) 2010
		202210 2 (1 0.111 000) 2010

95-4828067 Schedule D (Form 990) 2010 Page 2 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Part III Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Public exhibition Loan or exchange programs а b Scholarly research С Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not If "Yes," explain the arrangement in Part XIV and complete the following table Amount 1c 2a Did the organization include an amount on Form 990, Part X, line 21? No b If "Yes," explain the arrangement in Part XIV Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back Beginning of year balance Contributions c Net investment earnings, gains, and losses........ d Grants or scholarships e Other expenditures for facilities . and programs f Administrative expenses g End of year balance..... Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶ Permanent endowment ▶ C Term endowment ▶ 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by Yes No 3a(i) 3a(ii) Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a	Land				
b	Buildings	~ · · · · · · · · · · · · · · · · · · ·			
С	Leasehold improvements				
d	Equipment		302,750.	185,425	117,325.
е	Other				
Tota	al. Add lines 1a through 1e (Column (d) must	equal Form 990, Part	X, column (B), line 10)(c)) ▶	117,325.

Schedule D (Form 990) 2010

Part VII	Investments - Other Securities. Se	e Form 990, Part X, line 1:	2.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
(1) Financi	al derivatives			
(2) Closely	-held equity interests			
(3) Other_				
<u>(A)</u>				
<u>(B)</u>				
<u>(C)</u>				
<u>(D)</u>				
(E) (F)				
(G)				
(H)				<u></u>
(l)				
<u></u> -	in (b) must equal Form 990, Part X, col. (B) line 12.)	>		
Part VIII		e Form 990, Part X, line 1	3.	· · · · · · · · · · · · · · · · · · ·
	(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year m	
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u> (7)				
(8)				
(9)				
(10)				
	nn (b) must equal Form 990, Part X, col (B) line 13)	>		
Part IX	Other Assets. See Form 990, Part	X, line 15.		
		(a) Description		(b) Book value
_(1)				
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)	-1)			
(10)				
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 15).			
Part X	Other Liabilities. See Form 990, Pa	art X, line 25.		
1.	(a) Description of liability	(b) Amount		• .
	ral income taxes			~
(2)		···		
(3)				4 4
<u>(4)</u> (5)				•
(6)			τ 3 ³ Δ (\$,
(7)				,
(8)			<u>'</u>	
(9)				5 m
(10)				
(11)				
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) line	25) ▶		

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) JSA 0E1270 1 000 02168M F173

PAGE 15

Schedul	e D (Form 990) 2010	95-4828067		Page 4
Part 2	Reconciliation of Change in Net Assets from Form	990 to Audited Financial Statemer	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1,648,084.
2	Total expenses (Form 990, Part IX, column (A), line 25)			1,451,155.
3	Excess or (deficit) for the year Subtract line 2 from line 1			196,929.
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities			
6				
7	Investment expenses	 	-	<u> </u>
8	Prior period adjustments	8	-	
_	Other (Describe in Part XIV)	9	+	
9	Total adjustments (net) Add lines 4 through 8		_	196,929.
10	Excess or (deficit) for the year per audited financial statements (190,929.
Part	· · · · · · · · · · · · · · · · · · ·		i	1 (40 004
1	Total revenue, gains, and other support per audited financial state		1	1,648,084.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 1	1 1		
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants]	
d	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,648,084.
4	Amounts included on Form 990, Part VIII, line 12, but not on line	1.		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)		1	
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Pa		-	1,648,084
	XIII Reconciliation of Expenses per Audited Financial S			
1	7		1	1,451,155
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		1	
a	Denoted conversed to a of faulti-			
			1	
b	Other leads		1	
C	Other losses	2c	1	
d	Other (Describe in Part XIV)	2d	1 .	
е	Add lines 2a through 2d		2e	1,451,155
3	Subtract line 2e from line 1		3	1,431,133
4	Amounts included on Form 990, Part IX, line 25, but not on line			
а	Investment expenses not included on Form 990, Part VIII, line 7b		-	
	Other (Describe in Part XIV)	<u>4b</u>	┨. ╏	
	Add into 44 and 45		4c	2 452 255
_ 5	Total expenses Add lines 3 and 4c. (This must equal Form 990, I	Part I, line 18)	5	1,451,155
Part	XIV Supplemental Information			
Part V	lete this part to provide the descriptions required for Part II, lines 3, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and additional information	Part XIII, lines 2d and 4b Also complet		
SEE	PAGE 5			
		- .		<u>,</u>
			Sche	edule D (Form 990) 2010

Part XIV Supplemental Information (continued)

PART X, LINE 2:

THE INSTITUTE HAS ADOPTED GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ISSUED BY THE FINANCIAL ACCOUNTING STANDARDS BOARD.

MANAGEMENT BELIEVES THAT THE INSTITUTE HAS TAKEN NO UNCERTAIN TAX

POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. CERTAIN PRIOR YEARS INFORMATION RETURNS ARE SUBJECT TO EXAMINATION BY AUTHORITIES.

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2010
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Employer identification number 95-4828067

Name of the organization

LOCAL 18, IBEW-DWP JOINT SAFETY INSTITUTE

PART VI, LINE 8B:

THE ORGANIZATION DOES NOT HAVE COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

PART VI, LINE 11B:

FORM 990 WAS PROVIDED TO ALL TRUSTEES FOR REVIEW BEFORE IT IS FILED.

PART VI, LINE 12C:

EVERY SIX MONTHS THE POLICY IS REVIEWED AT A TRUSTEE MEETING.

PART VI, LINE 15A:

IN ACCORDANCE WITH THE AGREEMENT AND DECLARATION OF TRUST BETWEEN THE EMPLOYER AND THE UNION, SALARIES PAID TO THE EMPLOYER-APPOINTED ADMINISTRATOR AND THE UNION-APPOINTED ADMINISTRATOR SHALL BE EQUAL. SALARY PAID TO THE EMPLOYER-APPOINTED ADMINISTRATOR IS PAID BY THE EMPLOYER. SALARY PAID TO THE UNION-APPOINTED ADMINISTRATOR IS PAID BY THE EMPLOYER AND THE INSTITUTE.

PART VI, LINE 15B:

THE ORGANIZATION DOES NOT HAVE OTHER OFFICERS OR KEY EMPLOYEES.

PART VI, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE FOR VIEWING AT THE

Name of the organization

LOCAL 18, IBEW-DWP JOINT SAFETY INSTITUTE

Employer identification number 95-4828067

ORGANIZATION'S OFFICE UPON REQUEST.

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

KARL LEIST SAFETY PEAK PERFORMANCE LLC

INSTRUCTIONAL SVCS.

383,311.

4170 212TH WAY, SE SAMMAMISH, WA 98075-7256

TOTAL COMPENSATION

383,311.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

LOCAL 18, IBEW-DWP JOINT SAFETY INSTITUTE

Name of the organization

Related Organizations and Unrelated Partnerships

▼ See separate instructions Complete if the organization answered "Yes" to Form 990, Part IV, ▶ Attach to Form 990.

or 37.	
, 35, 36,	
line 33, 34,	and to make
Ξ	

OMB No 1545-0047 2010

·.•

Employer identification number

95-4828067

Part	Identification of Disregarded Entities (Complete II II	If the organization answered tes of Forth 990, Fart IV, fine 53.)	wered res on	roini 990, rait	IV, IIIIE 33.)		3	
	(a) Name, address, and EIN of disregarded entity	Pr	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	olling
(2)								
(3)								
(4)								
(5)								
(6)								
Part II	Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during the	is (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had the tax year.)	ganization answ	ered "Yes" on F	orm 990, Part IV	, line 34 because	it had	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entrly?	(b)(13) ed ?
				,			Yes	o _N
$(1)^{\frac{\text{LOCAL}}{11801}}$	LOCAL 18, IBEM-DWP JT. TRAINING INSTITUTE 81-0577043 11801 SHELDON STREET,SUN VALLEY, CA 91352-1508	TRAIN. INST.	CA	501(C)(6)	N/A	N/A		×
(2)							_	
(3)								
			-					
(6)								
(7)								
For Paperwo	For Paperwork Reduction Act Notice, see the Instructions for Form 990					Schedul	Schedule R (Form 990) 2010	0) 2010

0E1307 1 000 02168M F173

29-05699

V 10-8.3

PAGE 20

95-4828067

Page 2

Schedule R (Form 990) 2010

Schedule R (Form 990) 2010 (h) Percentage ownership Percentage ownership 3 (J) General or managing partner? å Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year) end-of-year assets Yes (g) Share of (i) Code V-UBI amount in box 20 Schedule K-1 (Form 1065) (f) Share of total income (h) Diepropolikonale allocations? Yes No (g) Share of end-of-year assets (e)
Type of entity
(C corp, S corp,
or trust) (f) Share of total income (d)
Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) (c)
Legal domicile
(state or
foreign country) (d)

Direct controlling 1 entity (b) Primary activity (c) Legal domicile (state or foreign (b) Primary activity (a) Name, address, and EIN of related organization (a) Name, address, and EIN related organization Part III Part IV **(**5) (7) [3] [5] <u>(2)</u> <u></u> <u>(S</u> 9 Ξ (4) <u>(5</u> 9 \mathbf{E}

29-05699

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) Part V

			Yes	å
Note. Complete line 1 If any entity is listed in Parts II, III, or IV of this schedule				
	one or more related organizations i	isted in Parts II–IV?	-	×
a Receipt of (i) interest (ii) announes (iii) royantes of (iv) rentiform a controlled entity				×
			10	×
			1 _d	×
			1e	×
			Market Common Co	×
t Sale of assets to other organization(s)				: >
g Purchase of assets from other organization(s)			6 ;	< >
h Exchange of assets			u I	< >
i Lease of facilities, equipment, or other assets to other organization(s)			=	× [
			1	_,;
j Lease of facilities, equipment, or other assets from other organization(s)				۱
k Performance of services or membership or fundraising solicitations for other organization(s)			÷	×
l Performance of services or membership or fundraising solicitations by other organization(s).			=	×
m Sharing of facilities, equipment, mailing lists, or other assets,			1m ×	
n Sharing of paid employees			1n	×
				;
o Reimbursement paid to other organization for expenses			10	< >
p Reimbursement paid by other organization for expenses			1 <u>p</u>	-
			12	_,×
 q Curief transfer of cash or property from other organization(s)			11.	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this	lne,	including covered relationships and transaction thresholds	action thresholds	
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	5 1
(1)				
(2)				
(3)				
(4)				
161				
(9)				
ASC			Schedule R (Form 990) 2010	2010

Unrelated Organizations Taxable as a Partnership (Complete of the organization answered "Yes" on Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3)	(e) Share of end-of-year assets	(f) Disproportionate alfocations?	(g) Code V-UBI amount in box 20 of Schedule K-1	(h) General or managing partner?
			Yes No		Yes No	(1000)	Yes No
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(1)							
78)						,	
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)			-				
						Schedule R (Form 990) 2010	990) 2010

Schedule R (Form 990) 2010

Page 5

Part VII Su

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

Open to Public

OMB No 1545-0047

benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Inspection

, Fo	r the 2	2011 calendar year, or tax year beginning 07/01, 2011, and ending	g		06/30, 20 1	.2
		C Name of organization		D Employer iden	itification numbe	r
Che	ck of applica	LOCAL 18, IBEW-DWP JOINT SAFETY INSTITUTE		95-4828	067	
\neg	Address change	Doing Business As				
\neg	Neme cha	Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telephone nur	nber	
$\neg \neg$	Initial retu	11801 SHELDON ST		(818) 771	-4695	
$\neg \neg$	Terminate	City or town, state or country, and ZIP + 4				
\dashv	Amended	SUN VALLEY, CA 91352-1508	ļ	G Gross receipts	s 1.5	72,243
	return Applicetio			H(a) Is this a group		es X N
- 1	pending	11801 SHELDON ST, SUN VALLEY, CA 91352-1508		affiliates?		es N
_	ax-exem		,	H(b) Are all affiliate	a list (see instruction	
		pt status	'		,	115)
		······································		H(c) Group exempt		
			tormati	on 2000 M s	tate of legal domi	cile CA
<u>ar</u>		Summary			 	
1		iefly describe the organization's mission or most significant activities	=			
١		O PROMOTE JOINT LABOR-MANAGEMENT ACTIVITIES DESIGNED				
Activities & Governance		ABOR-MANAGEMENT RELATIONS AND COMMUNICATIONS ON ISSUES	SOF	HEALTH AN	1D	
;	S.	AFETY.				
:	2 C	neck this box 🕨 🔲 if the organization discontinued its operations or disposed of more that	an 25%	of its net assets		
<u> </u>	3 N	umber of voting members of the governing body (Part VI, line 1a)			3	7
?	4 N	umber of independent voting members of the geverning peak (Farty), line ip)			4	7
	5 To	otal number of individuals employed in calendar year 2014. (Part V, line 2a)			5	2
		otal number of volunteers (estimate if necessary)			6	
					7 a	
ı		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			7 b	
+			: 	Prior Year		nt Year
١	•	ontributions and grants (Part VIII, line 1h		THOI Tear	0	iit i c ai
:	8 C	ontributions and grants (Part VIII, line 11)		1,618,50	9	EO 12:
2	9 Pr	ogram service revenue (Part VIII, line 2g)				50,127
		vestment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	29,57		22,116
- 1		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0	
1	12 To	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,648,08	4. 1,5	72,243
ŀ	13 G	rants and similar amounts paid (Part IX, column (A), lines 1-3)			0	
	14 Be	enefits paid to or for members (Part IX, column (A), line 4)			0	
,		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		105,40	8. 1	39,028
		ofessional fundraising fees (Part IX, column (A), line 11e)			0	
200		otal fundraising expenses (Part IX, column (D), line 25) ▶0				
i		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,345,74	7. 1.4	22,308
		otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,451,15		61,336
- 1				196,92		10,907
2	19 K	evenue less expenses Subtract line 18 from line 12	Book			
≽	 -	11 17 17 17 17	Degin	3,781,00		fYear
اةً		otal assets (Part X, line 16)				92,263
اةٍ	21 To	otal liabilities (Part X, line 26)	<u> </u>	163,88		64,237
1	22 N	et assets or fund balances Subtract line 21 from line 20		3,617,11	9.] 3,6	28,02
	rt II	Signature Block		····		
n d	er penali	ies of perjury, I declare that I have examined this return, including accompanying schedules and statement complete. Declaration of greparer (other than officer) is based on all information of which preparer has any	s, and to	the best of my kn	owledge and beli	ef, it is true,
	ect, and	complete Declaration of preparer (office than office) is based on an information of which preparer has any	KIIOWIE	uge		
	1					
gı	n	Signature of officer		Date	11151	
er	e	Aram Benyamm, Trustee			4/8/1	3
		Type or pnnt name and title				
	F	Print/Type preparer's name Preparer's signature Date		Check	If PTIN	
id		DWIN KANEMARU, CPA	9/13	self-employe	"	49309
эp	arer 🗀	MILLED WARTEN ADAGE TER	/ -		95-203625	
е	Only					
_		irm's address 4123 LANKERSHIM BLVD, NORTH HOLLYWOOD, CA 91602-2828		Phone no b	318-769-2	7
÷		6 discuss this return with the preparer shown above? (see instructions)		<u></u>	X Yes	
	Paperw	ork Reduction Act Notice, see the separate instructions.			/ 17 Form	990 (201
A 11 (000				ω ι	

Part	V Checklist of Required Schedules	_		
	•		Yes	No
1	ls the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	ļ	X
2`	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	**		1 2.
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			1
	fundraising, business, investment, and program service activities outside the United States, or aggregate			.,
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			3,7
4.0	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
47	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and V	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
4.0	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			v
4.0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	4.		_v
20-	If "Yes," complete Schedule G, Part III	19	-	X
		20a		<u>├</u> ^
	32 to mile 200, the tire organization attach a copy of its addited infancial statements to this return?	LVD	L	

Part	Checklist of Required Schedules (continued)		, <u> </u>	
	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22 ``	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	1		
	through 24d and complete Schedule K. If "No," go to line 25	24a	ļ	Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
•	to defease any tax-exempt bonds?	24c		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time duning the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	144		
25 4		25a	ļ	Ì
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	234		
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
		25b		
26	If "Yes," complete Schedule L, Part I	250		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	26	ŀ	x
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26	ļ	Λ.
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	-	^
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			· ·
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	├	X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			١,,
	Schedule L, Part N	28b	<u> </u>	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part N	28c	ļ	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	ļ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32	<u> </u>	X.
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			ļ
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			İ
	IV, and V, line 1	34	X	-
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		L_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2011)

Part				
	Check if Schedule O contains a response to any question in this Part V		Yes	· No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax !!!			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
	if at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		-
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		
	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			-
	Was the organization a party to a prohibited tax shelter transaction at any time duning the tax year?	5a		_
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		_
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			*
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		. " ja 2	*
	and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		-
	If "Yes," indicate the number of Forms 8282 filed during the year	.,		-
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Г
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			\vdash
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			١.
	organization, have excess business holdings at any time during the year?	8		-
	Sponsoring organizations maintaining donor advised funds.	-		\vdash
	Did the organization make any taxable distributions under section 4966?	9a		-
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		H
		90		\vdash
	Section 501(c)(7) organizations. Enter		,	
	Initiation fees and capital contributions included on Part VIII, line 12	,		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ł		
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			ļ
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		L
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	L		L
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		Ĺ
	Note. See the instructions for additional information the organization must report on Schedule O			Ī
	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	1		1
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		T
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		Γ
SA 0 1 00			990	(2
	02168M F173 V 11-6.5 29-05699	3		ΑC

			. –	
	140 7		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are			
	material differences in voting rights among members of the governing body, or if the governing body			
	delegated broad authority to an executive committee or similar committee, explain in Schedule O	1		
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	_		Х
	any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct			v
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		$\frac{x}{x}$
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7 b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	-	-	
а	The governing body?	8a	Х	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8 b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	<u>Code</u>		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<u> </u>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	_X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	_X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	<u> </u>
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	<u> </u>
b		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			1
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	i		İ
	organization's exempt status with respect to such arrangements?	16b		<u> </u>
<u> </u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5	01(c)	(3)s o	nly)
	available for public inspection. Indicate how you made these available Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict or	finte	rest p	oolicy,
	and financial statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne .		

JSA

818-771-4695

organization ▶ MARY CARBAJAL-WAID, 11801 SHELDON ST, SUN VALLEY, CA 91352-1508

Form 990 (2011)

Form 990 (2011) Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII **Independent Contractors**

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees, highest compensated employees, and former such persons

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (B) (C) (D) (E) (F)

Name and Title	Average hours per week (describe hours for related organizations in Schedule 0)	box, office	unles	ss pe	rtion more rson irect	than by true Highest compensated employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1)_ARAM_BENYAMIN EMPLOYER_TRUSTEE	1.00	x						C	0	0
(2) JAMES MCDANIEL EMPLOYER TRUSTEE	1.00	х			- ^-			С	0	0
(3) RON NICHOLS EMPLOYER TRUSTEE	1.00	Х						C	0	0
	1.00	х						С	0	0
(5)_DAVID_DONOVAN UNION_TRUSTEE	1.00	х						C	0	0
(6) DAVE HANSON UNION TRUSTEE	1.00	Х						C	0	0
	1.00	Х						C	0	0
(8)										
(9)										
(10)										
_(11)										
(12)										
(13)										
_(14)										

Form 990 (2011)

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	 	1	Institutional trustee		Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	orga and	om the anization I related inization	
						a.							
b Sub-total	I, Section A · · · · · · · ·		· ·	· ·	· ·	· · ·	>	())	0 0 0			(
reportable compensation from the organization			0									Yes	Na
Did the organization list any former of	officer, direct	or, o	r tri	uste	e,	key (emp	oloyee, or highes	t compens	ated		Tes	No X
employee on line 1a? If "Yes," complete Sca For any individual listed on line 1a, is t	ne sum of re	portal	ble (con	nper	nsatio	n a	nd other compen	sation from	the	3	, ,	^
organization and related organizations individual											4	<u> </u>	Х
Did any person listed on line 1a receive for services rendered to the organization?											5		Х
Section B. Independent Contractors													
Complete this table for your five highest compensation from the organization. Repoyear													_
(A) Name and business	address							(B) Description of s	ervices	((C) Compen		
ATTACHMENT 1													
! Total number of independent contractors more than \$100,000 in compensation from	s (including b	ut no	t lir	nıte	ed to	o tho:	se	listed above) who	received				

	•	•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts.	1a	Federated campaigns 1a					
Grai	b	Membership dues 11					1
ts, (С	Fundraising events 10	;				
iar iar	d	Related organizations 10	1		į		
Sim	е	Government grants (contributions) 16					
utio	f	All other contributions, gifts, grants,			-		
를등		and similar amounts not included above . 11					
Contributions, Gifts, Grants and Other Similar Amounts,	g	Noncash contributions included in lines 1a-1f \$					
	<u>h</u>	Total. Add lines 1a-1f		0			
Program Service Revenue			Business Code				
ě	2 a	CONTRIBUTIONS - DEPARTMENT OF WATER A					
e E	b	POWER OF THE CITY OF LOS ANGELES	900099	1,550,127.	1,550,127.		
Ξ̈́	С	<u> </u>	_			,	
Se	d		_				
raπ	е		-				
5 g	f	All other program service revenue					
	g	Total. Add lines 2a-2f	<u> </u>	1,550,127.			-
	3	Investment income (including dividends, in					
		other similar amounts)		22,116.			22,116.
	4	Income from investment of tax-exempt bo		0			
	5	Royalties · · · · · · · · · · · · · · · · · · ·	(II) Personal	0			+
				, * ,			`
	6a	Gross rents			*	, .	
	b	Less rental expenses			- * *	. ,	*
	6	Rental income or (loss)		0		* / A /	
	d	Net rental income or (loss) (i) Securities		,		y	
	7 a	Gross amount from sales of	(,				
] _	assets other than inventory			~		
	b	Less cost or other basis			•		
		and sales expenses					
	d	Gain or (loss)		0			
a	8 a						-
Ž	oa	Gross income from fundraising events (not including \$					
Ş		of contributions reported on line 1c)					
8		See Part IV, line 18					
ē	h	Less direct expenses					1
Other Revenu		Net income or (loss) from fundraising even		0			
	į.	Gross income from gaming activities See Part IV, line 19					
	<u>_</u>	Less direct expenses					
		Net income or (loss) from gaming activities		0			
		Gross sales of inventory, less					
	""	returns and allowances	a				
		Less cost of goods sold					
		Net income or (loss) from sales of inventor	<u>y</u>	0			
	<u> </u>	Miscellaneous Revenue	Business Code				
	11a						
	b		_				
	С		_				
	đ	All other revenue					
	1		1	0			-
	12	Total revenue. See instructions		1,572,243.	1,550,127		22,116

Form **990** (2011)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	. Check if Schedule O contains a respe	onse to any question in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and	<u> </u>			
	organizations in the United States See Part IV, line 21 .	0			
2	Grants and other assistance to individuals in				_
	the United States See Part IV, line 22	0			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	0			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			(c)(6) organization	
	persons described in section 4958(c)(3)(B)	_ 0	con	nplete columns (B),	(C) and (D).
7	Other salaries and wages	128,719.			
8	Pension plan accruals and contributions (include section				
	401(k) and 403(b) employer contributions)	0	·		
9	Other employee benefits	_ 0			
10	Payroll taxes	10,309.			
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	1,592.			
c	Accounting	25,875.			
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0 -			
f	Investment management fees	3,193.			
g	Other	109,267.	<u> </u>		
12	Advertising and promotion	40,706.			
13	Office expenses	68,905.			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	23,928.			
17	Travel	63,268.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	6,100.			
20	Interest	0			1
21	Payments to affiliates	57 130			
22	Depreciation, depletion, and amortization	57,139.			
23	Insurance	12,455.			
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e if				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule (A)	540.070		<u> </u>	
	REIMBURSED ADMIN. EXPENSES	549,870. 356,621.			
	TRAINING WORKSHOPS AND EXP.	101,978.		-	
_	DUES AND SUBSCRIPTIONS	786.			
_	MISCELLANEOUS EXPENSES	625.			
	All other expenses	1,561,336.		 	
25 26	Total functional expenses Add lines 1 through 24e Joint costs. Complete this line only if the	1,501,550.			
20	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)	0			

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Pa	rt X	Balance Sheet					
	•				(A) Beginning of year		(B) End of year
	. 1	Cash - non-interest-bearing			495,960.	1	398,086.
1	2	Savings and temporary cash investments			3,088,389.	2	3,249,554.
	3	Pledges and grants receivable, net			0	3_	0
	4	Accounts receivable, net			524.	4	596.
	5	Receivables from current and former officers,	direc	ctors, trustees, key			
		employees, and highest compensated employe	es. C	Complete Part II of	-		
		Schedule L			0	5	0
	6	4958(f)(1)), persons described in section 4958(is det c)(3)(F	ined under section			
		employers and sponsoring organizations of se	ction	501(c)(9) voluntary			
S		employees' beneficiary organizations (see instruct	ions)		0	6	0
Assets	7	Notes and loans receivable, net			0	7	0
As	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges			78,802.	9	75,066.
	10 a	Land, buildings, and equipment cost or		000 045			_
		other basis Complete Part VI of Schedule D	10a	289,045.	117 205		60.061
		Less accumulated depreciation	10b	220,084.	117,325.		68,961.
	11	Investments - publicly traded securities			·	11	0
	12	Investments - other securities See Part IV, line 11				12	0
	13	Investments - program-related. See Part IV, line 1				13	0
	14	Intangible assets				14	0
	15	Other assets See Part IV, line 11			3,781,000.	15	3,792,263.
	16 17	Total assets. Add lines 1 through 15 (must equal Accounts payable and accrued expenses			163,881.		164,237.
	18				103,001:		104,237.
	19	Grants payable	• • •	• • • • • • • • • • • • •		19	1 0
	20	Tax-exempt bond liabilities			C	20	0
S	21	Escrow or custodial account liability. Complete				21	C
Liabilities	22	Payables to current and former officers,		P-			
ğ		employees, highest compensated employees,		= 1	* 1		-
Ë		Complete Part II of Schedule L			C	22	1 · · · · · · · · · · · · · · · · · · ·
	23	Secured mortgages and notes payable to unrelat	ed thir	d parties	С	23	C
	24	Unsecured notes and loans payable to unrelated			Ċ	24	C
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24) Complete Part X			
		of Schedule D			C	25	c
	26	Total liabilities. Add lines 17 through 25			163,881.	26	164,237.
es		Organizations that follow SFAS 117, check here lines 27 through 29, and lines 33 and 34.	▶ [and complete			
anc	27	Unrestricted net assets				27	
Bal	28	Temporarily restricted net assets				28	
뒫	29	Permanently restricted net assets		<u></u>		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, che complete lines 30 through 34.	ck he	re ▶ X and			
ts	30	Capital stock or trust principal, or current funds .			(30	
SSe	31	Paid-in or capital surplus, or land, building, or equ	uipmer	nt fund	•	31	
ţ	32	Retained earnings, endowment, accumulated inc	ome,	or other funds	3,617,119.		3,628,026.
Š	33	Total net assets or fund balances			3,617,119.		3,628,026.
	34	Total liabilities and net assets/fund balances		<u> </u>	3,781,000.	34	3,792,263.

Form **990** (2011)

Forr	n 990 (2011)			Pa	ge 12
Pa	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)				243.
2	Total expenses (must equal Part IX, column (A), line 25)	:			336.
3	Revenue less expenses Subtract line 2 from line 1				907.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		3,6	17,	119.
5	Other changes in net assets or fund balances (explain in Schedule O))			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))		3,6	28,0	026.
Pa	Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	• • • • •	• • •		
		_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," expla	in in			
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	🗅	2a		X
b	Were the organization's financial statements audited by an independent accountant?	l.	2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain	ain in			
	Schedule O.	İ			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year	were			
	issued on a separate basis, consolidated basis, or both:				
_	X Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in			
	the Single Audit Act and OMB Circular A-133?		3a_		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	o the			[
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		

Form **990** (2011)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047
2011
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

OCAL 10 TREM-DWD TOTHE CAPETY THEFTHE

Employer identification number

	CAL 18, IBEW-DWP JOINT SAFETY INSTITUT			95-4828067
Pa	Organizations Maintaining Donor Advised organization answered "Yes" to Form 990, F	Funds or Other Part IV, line 6.	Similar Funds or	Accounts. Complete if the
		(a) Donor advi	sed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Accessor and the second of the second	_		· · · · · · · · · · · · · · · · · · ·
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advise	ore in writing the	t the coaste hold in	doper odured
	funds are the organization's property, subject to the organization			
6				
0	Did the organization inform all grantees, donors, and do			
	only for charitable purposes and not for the benefit of the	ne aonor or aono	r advisor, or for any	other purpose
D.	conferring impermissible private benefit?	 		· · · · · · · · · · · · · Yes · No
Pa 1		organization ans	swered "Yes" to Fo	orm 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the orga			
	Preservation of land for public use (e.g., recreation	or education)		of an historically important land area
	Protection of natural habitat		Preservation of	of a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a	qualified conserv	ation contribution in	the form of a conservation
	easement on the last day of the tax year.			
				Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2 b
С	Number of conservation easements on a certified history			2c
d	Number of conservation easements included in (c) acqu			
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferre	ed, released, exti	nguished, or termin	ated by the organization during the
	tax year ▶			, ,
4	Number of states where property subject to conservation	on easement is loc	ated ▶	
5	Does the organization have a written policy regarding th			
	violations, and enforcement of the conservation easeme			
6	Staff and volunteer hours devoted to monitoring, inspec			
	>	•		3
7	Amount of expenses incurred in monitoring, inspecting,	and enforcing co	nservation easeme	nts dunno the year
	▶ \$	and amoraling as		The during the year
8	Does each conservation easement reported on line 2(d) above satisfy th	e requirements of se	ection 170/b)/4\/B\
	(i) and section 170(h)(4)(B)(ii)?			
9	In Part XIV, describe how the organization reports cons	ervation easeme	nts in ts revenue and	d expense statement and
	balance sheet, and include, if applicable, the text of the	footnote to the o	rganization's financ	ial statements that describes the
	organization's accounting for conservation easements.		· gamzation s miano	ial statements that describes the
Pa	Organizations Maintaining Collections of A	rt. Historical Ti	easures, or Othe	r Similar Assets
	Complete if the organization answered "Yes	s" to Form 990,	Part IV, line 8.	
1 a	If the organization elected, as permitted under SEAS 1	116 (ASC 958) r	not to report in its	revenue statement and halance above
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assumble of art.	sets held for pul	olic exhibition, edu	cation, or research in furtherance o
	public service, provide, in Part XIV, the text of the footho	ite to its financial	statements that des	scribes these items
b	If the organization elected, as permitted under SFAS	116 (ASC 958)	, to report in its r	evenue statement and balance shee
	works of art, historical treasures, or other similar as:	sets held for pul	olic exhibition, edu	cation, or research in furtherance o
	public service, provide the following amounts relating to			
	(i) Revenues included in Form 990, Part VIII, line 1			
_	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, his			
	following amounts required to be reported under SFAS			
а	Revenues included in Form 990, Part VIII, line 1			> \$
<u>b</u>	Assets included in Form 990, Part X	<u> </u>		
ror	Paperwork Reduction Act Notice, see the Instructions for Form	າ 990.		Schedule D (Form 990) 2011

68,961. Schedule D (Form 990) 2011

d Equipment

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

220,084.

289,045.

68,961.

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

JSA E1270 1 000

(10) (11)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

Schedu	e D (Form 990) 2011		Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1,572,243
2	Total expenses (Form 990, Part IX, column (A), line 25)		1,561,336
3	Excess or (deficit) for the year. Subtract line 2 from line 1		10,907
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities	1	
6	Investment expenses 6		
7	Prior period adjustments 7		
8	Other (Describe in Part XIV.)		
9	Total adjustments (net) Add lines 4 through 8		· · · · · · · · · · · · · · · · · · ·
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	\rightarrow	10,907
Part			
1	Total revenue, gains, and other support per audited financial statements	1	1,572,243
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	 	1,0,2,210
–			
b		1	
	Donated services and use of facilities 2b	-	
c d	Recoveries of prior year grants 2c	-	
	Other (Describe in Part XIV)	- 1	
e	Add lines 2a through 2d	2e	1 570 043
3	Subtract line 2e from line 1	3	1,572,243
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
a	Investment expenses not included on Form 990, Part VIII, line 7b	1 1	
b	Other (Describe in Part XIV.)	1	
С	Add lines 4a and 4b	4c	
_ 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		1,572,243
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret	urn	
1	Total expenses and losses per audited financial statements	1	1,561,336
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b] -	
С	Other losses 2c] [
d	Other (Describe in Part XIV)	1	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,561,336
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		·
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Departies in Bert VIV.)	7-	
С	Add lines 4a and 4h	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).	5	1,561,336
Part	XIV Supplemental Information	1 5 1	=,002,000
Comp Part V	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complet Iditional information	V, lines e this p	s 1b and 2b, part to provide
SEE	PAGE 5		
- -			
		-	
			
		-	

Schedule D (Form 990) 2011

Part XIV Supplemental Information (continued)

PART X, LINE 2:

THE INSTITUTE HAS ADOPTED GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ISSUED BY THE FINANCIAL ACCOUNTING STANDARDS BOARD.

MANAGEMENT BELIEVES THAT THE INSTITUTE HAS TAKEN NO UNCERTAIN TAX

POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY

WITH THE PROVISIONS OF THIS GUIDANCE. CERTAIN PRIOR YEARS INFORMATION

RETURNS FILED BY THE INSTITUTE ARE SUBJECT TO EXAMINATION BY AUTHORITIES.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047
2011
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LOCAL 18, IBEW-DWP JOINT SAFETY INSTITUTE

Employer identification number 95-4828067

PART VI, LINE 8B:

THE INSTITUTE DOES NOT HAVE COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

PART VI, LINE 11B:

FORM 990 WAS PROVIDED TO ALL TRUSTEES FOR REVIEW BEFORE IT IS FILED.

PART VI, LINE 12C:

EVERY SIX MONTHS THE POLICY IS REVIEWED AT A TRUSTEE MEETING.

PART VI, LINE 15A:

IN ACCORDANCE WITH THE AGREEMENT AND DECLARATION OF TRUST BETWEEN THE EMPLOYER AND THE UNION, SALARIES PAID TO THE EMPLOYER-APPOINTED ADMINISTRATOR AND THE UNION-APPOINTED ADMINISTRATOR SHALL BE EQUAL. SALARY PAID TO THE EMPLOYER-APPOINTED ADMINISTRATOR IS PAID BY THE EMPLOYER AND THE INSTITUTE. SALARY PAID TO THE UNION-APPOINTED ADMINISTRATOR IS PAID BY THE EMPLOYER AND THE INSTITUTE.

PART VI, LINE 15B:

THE INSTITUTE DOES NOT HAVE OTHER OFFICERS OR KEY EMPLOYEES.

PART VI, LINE 19:

THE INSTITUTE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE FOR VIEWING AT THE INSTITUTE'S OFFICE

Name of the organization
LOCAL.18, IBEW-DWP JOINT SAFETY INSTITUTE

Employer identification number 95-4828067

UPON REQUEST.

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

KARL LEIST SAFETY PEAK PERFORMANCE LLC 4170 212TH WAY SE

INSTRUCTIONAL SVCS.

302,067.

4170 212TH WAY SE SAMMAMISH, WA 98075-7256

TOTAL COMPENSATION

302,067.

95-4828067

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury

Part

5

(2)

(6)

4

Related Organizations and Unrelated Partnerships

OMB No 1545-0047 Open to Public

> Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. See separate Instructions. ▶ Attach to Form 990.

Employer Identification number Inspection 95-4828067 (f) Direct controlling

(e) End-of-year assets

entity

(d) Total income Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (c) Legal domicile (state or foreign country) (b) Primary activity LOCAL 18, IBEW-DWP JOINT SAFETY INSTITUTE (a)
Name, address, and EIN of disregarded entity

<u>.</u>(5)

(6)

(g) Section 512(b)(13) controlled No entity? Yes Identification of Related Tax-Exempt Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (f) Direct controlling Public chanty status (if section 501(c)(3)) e (d) Exempt Code section Legal domicile (state or foreign country) Primary activity 81-0577043 Name, address, and EIN of related organization LOCAL 18, IBEW-DWP JT. TRAINING INSTITUTE Part II

N/A 501(C)(6) CATRAIN. INST. ---- SUN VALLEY, CA 91352-1508 11801 SHELDON ST

(2)

(5)

(4)

(5)

(9)

×

N/A

 C_{-}

1E1307 1 000 02168M F173

For Paperwork Reduction Act Notice, see the Instructions for Form 990

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29-05699

PAGE 20

Schedule R (Form 990) 2011

Page 2

Schedule R (Form 990) 2011 (k) Percentage Percentage ownership ownership (I) General or ŝ managing Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (g) Share of end-of-year assets partner? Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 Yes (I) Code V-UBI amount in box 20 Schedule K-1 (Form 1065) (f) Share of total Income å 6 lbcmfore? Ξ Yes (g) Share of end-of-year cassets (e)
Type of entity
(C corp., S corp.
or trust) (f) Share of total (d)
Direct controlling
entity because it had one or more related organizations treated as a partnership during the tax year.) (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c)
Legal domicile
(state or
foreign country) (b) Primary activity (d) Direct controlling entity (c)
Legal
domicile
(state or
foreign (b) Primary activity (a) Name, address, and EIN of related organization (a) Name, address, and EIN related organization Schedule R (Form 990) 2011 Part IV Part III <u>5</u> <u>[7</u> (2) <u>(C)</u> 4 (5) 9 Ξ (2) (3) (4) (5) 9

1E1308 1 000 02168M F173 JSA

Schedule R (Form 990) 201

Page 3

ŝ

Yes *** 19 e Ε 9 Exchange of assets with related organization(s)................................. Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Performance of services or membership or fundraising solicitations by related organization(s)................. Reimbursement paid to related organization(s) for expenses Performance of services or membership or fundraising solicitations for related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity Lease of facilities, equipment, or other assets from related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Sharing of paid employees with related organization(s). Gift, grant, or capital contribution from related organization(s) Other transfer of cash or property from related organization(s) Reimbursement paid by related organization(s) for expenses Gift, grant, or capital contribution to related organization(s) Other transfer of cash or property to related organization(s) Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s). Sale of assets to related organization(s) . . . Purchase of assets from related organization(s) ro Ε Ω ပ 7 = ¥ 0 <u>a</u> 6 σ

Name of other organization	Transaction type (a-r)	Amount involved	Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(9)			
			Schedule R (Form 990) 2011

If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

1E1309 1 000 021 68M F173

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.) Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by tokal assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Nama, address, and EIN of entity Pri	(b) Primary activity	(c) Legal domicle (stata or foreign country)	(d) Predominant Income (related,	(a) Are all partners section 501(c)(3)	(f) Share of totel income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(I) Code V-UBI amount in box 20 of Schadula K-1	(J) General or managing partner?		(k) Percentage ownarship
(1)			from tax undar section 512-514)	oN sey			Yes	o Z		Yes	2	
(2)									ļ			
(3)								-				
(4)												
(5)												
(6)							-	_				
(1)												
(8)												
(6)												
(10)												
(11)												
(12)												
(13)												
(14)											_	
(15)								-				
(16)												
									Sche	dule R (F	Schedule R (Form 990) 2011) 2011

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Schedule & (Form 990) 2011

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Supplemental Information Part VII

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Inspection

Please use IRS label or print or yes per print or See Specific Instructions The See Specific Instructions The See Specific Instructions The See Specific Instructions The See Specific Instructions The See Specific Instructions The See Specific Instructions The See Specific Instructions The See Specific Instructions The See Specific Instructions The See Specific Instructions The See Specific Instructions The See Specific Instructions The See Specific Instructions The See Specific Instructions The See Specific Instructions The See Specific Instructions The See Specific Instructions The See Specific Instructions The See Specific Instruction The See Specific Instructions The See Specific Instruction The See Specific Instructions The See Specific Instruction The See Specific Instructions The See Specific Instruction The See Specific Instructions The See Specific Instructions The See Specific Instructions The See Specific Instructions The See Specific Instructions The See Specific Instructions The See Specific Instructions The See Specific Instructions The See Specific Instructions The See Specific Instructions The See Specific Instructions The See Specific Instructions The See Specific Instructions The See Specific Instructions The See Specific Instruction The See Specific Instructions The See Specific Instruction The See Specific Instruction The See Specific Instruction The See Specific Instruction The See Specific Instruction The See Specific Instruction The See Specific Instruction The See Specific Instruction The See Specific Instruction The See Specific Instruction The See Specific Instruction The See Specific Instruction The See Specific Instruction The See Specific Instruction The See Specific Instruction The See Specific Instruction The See Specific Instruction The See Specific Instruction The See Specific Instruction The See Spe	G Gross receipts \$ H(a) is this a group return affiliales? H(b) Are all affiliates includiff "No," attach a list of the H(c) Group exemption nurnation 2002 M State of the Month of the Mon	2,540,811 for Yes X M ded? Yes N flegal domicile C2 8 8 8 3 0
Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suit type.	G Gross receipts \$ H(a) Is this a group return affiliates? H(b) Are all affiliates incluif "No," attach a list if H(c) Group exemption nurnation 2002 M State of the state of	2,540,811 for Yes X M ded? Yes X for Yes
print or type. See 11801 SHELDON STREET Sun VALLEY, CA 91352-1508 F Name and address of principal officer BRIAN D'ARCY 11801 SHELDON STREET, SUN VALLEY, CA 91352-1508 It status X 501(c) (6) ✓ (insert no) 4947(a)(1) or 527 N/A ganization Corporation X Trust Association Other L Year of form Summary effly describe the organization's mission or most significant activities E SCHEDULE O eck this box I if the organization discontinued its operations or disposed of more than 25 mber of independent voting members of the governing body (Part VI, line 1a) mber of independent voting members of the governing body (Part VI, line 1b) tal number of employees (Part V, line 2a) tal number of volunteers (estimate if necessary) tal gross unrelated business revenue from Part VIII, column (C), line 12 t unrelated business taxable income from Form 990-T, line 34	G Gross receipts \$ H(a) Is this a group return affiliales? H(b) Are all affiliates incluing from the second f	2,540,811 for Yes X Med? Yes Yes See instructions) inber flegal domicile C2 8 8 8 3 0
t status	G Gross receipts \$ H(a) is this a group return affiliates? H(b) Are all affiliates incluing f "No," attach a list of the total of the t	2,540,811 for Yes X Med? Yes Yes
Specific Instructions City or town, state or country, and ZIP + 4 SUN VALLEY, CA 91352-1508 F Name and address of principal officer BRIAN D'ARCY 11801 SHELDON STREET, SUN VALLEY, CA 91352-1508 It status X 501(c) (6)	H(a) is this a group return affiliates? H(b) Are all affiliates incluing if "No," attach a list of the H(c) Group exemption nurnation 2002 M State of the H(c)	for Yes X Medd? Yes Yes See instructions) inber f legal domicile C2 8 8 8 0
F Name and address of principal officer BRIAN D'ARCY 11801 SHELDON STREET, SUN VALLEY, CA 91352-1508 It status X 501(c) (6) (insert no) 4947(a)(1) or 527 N/A N/A	H(a) is this a group return affiliates? H(b) Are all affiliates incluing if "No," attach a list of the H(c) Group exemption nurnation 2002 M State of the H(c)	for Yes X I ded? Yes Yes S I leaded? Yes S I l
F Name and address of principal officer BRIAN D'ARCY 11801 SHELDON STREET, SUN VALLEY, CA 91352-1508 It status X 501(c) (6) ◀ (Insert no) 4947(a)(1) or 527 N/A ganization Corporation X Trust Association Other L Year of form Summary effly describe the organization's mission or most significant activities SE SCHEDULE O eck this box □ if the organization discontinued its operations or disposed of more than 25 mber of voting members of the governing body (Part VI, line 1a) mber of independent voting members of the governing body (Part VI, line 1b) tal number of employees (Part V, line 2a) tal number of volunteers (estimate if necessary) tal gross unrelated business revenue from Part VIII, column (C), line 12 t unrelated business taxable income from Form 990-T, line 34	affiliates? H(b) Are all affiliates incluing the state of	for Yes X I ded? Yes Signer I yes I I I yes I I I I yes I I I I I I I I I I I I I I I I I I I
tstatus	H(b) Are all affiliates inclu- If "No," attach a list in the state of	ded? Yes See Instructions) Inber f legal domicile C2
tstatus	If "No," attach a list (H(c) Group exemption nur nation 2002 M State o 5% of its net assets 4 5 6 7a	see instructions) inber f legal domicile C. 8 8 8 0
panization Corporation X Trust Association Other ▶ L Year of form Summary effly describe the organization's mission or most significant activities CE SCHEDULE O eck this box ▶ If the organization discontinued its operations or disposed of more than 25 mber of voting members of the governing body (Part VI, line 1a) mber of independent voting members of the governing body (Part VI, line 1b) tal number of employees (Part V, line 2a) tal number of volunteers (estimate if necessary) tal gross unrelated business revenue from Part VIII, column (C), line 12 t unrelated business taxable income from Form 990-T, line 34	H(c) Group exemption numeration 2002 M State of the state	f legal domicile Co
Ganization Corporation X Trust Association Other ▶ L Year of form Summary effly describe the organization's mission or most significant activities CE SCHEDULE O eck this box ▶ If the organization discontinued its operations or disposed of more than 25 mber of voting members of the governing body (Part VI, line 1a) mber of independent voting members of the governing body (Part VI, line 1b) tal number of employees (Part V, line 2a) tal number of volunteers (estimate if necessary) tal gross unrelated business revenue from Part VIII, column (C), line 12 t unrelated business taxable income from Form 990-T, line 34	5% of its net assets	f legal domicile Co
etly describe the organization's mission or most significant activities E SCHEDULE O eck this box if the organization discontinued its operations or disposed of more than 25 mber of voting members of the governing body (Part VI, line 1a) mber of independent voting members of the governing body (Part VI, line 1b) tal number of employees (Part V, line 2a) tal number of volunteers (estimate if necessary) tal gross unrelated business revenue from Part VIII, column (C), line 12 t unrelated business taxable income from Form 990-T, line 34	5% of its net assets 3 4 5 6 7a	8 8 8 3 0
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eck this box if the organization discontinued its operations or disposed of more than 25 mber of voting members of the governing body (Part VI, line 1a) mber of independent voting members of the governing body (Part VI, line 1b) tal number of employees (Part V, line 2a) tal number of volunteers (estimate if necessary) tal gross unrelated business revenue from Part VIII, column (C), line 12 t unrelated business taxable income from Form 990-T, line 34	5% of its net assets	8 8 3 0
eck this box if the organization discontinued its operations or disposed of more than 25 mber of voting members of the governing body (Part VI, line 1a) mber of independent voting members of the governing body (Part VI, line 1b) tal number of employees (Part V, line 2a) tal number of volunteers (estimate if necessary) tal gross unrelated business revenue from Part VIII, column (C), line 12 t unrelated business taxable income from Form 990-T, line 34	5% of its net assets	8 8 3 0
mber of voting members of the governing body (Part VI, line 1a) mber of independent voting members of the governing body (Part VI, line 1b) tal number of employees (Part V, line 2a) tal number of volunteers (estimate if necessary) tal gross unrelated business revenue from Part VIII, column (C), line 12 t unrelated business taxable income from Form 990-T, line 34	3 4 5 6 7a	8 3 0
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mber of voting members of the governing body (Part VI, line 1a) mber of independent voting members of the governing body (Part VI, line 1b) tal number of employees (Part V, line 2a) tal number of volunteers (estimate if necessary) tal gross unrelated business revenue from Part VIII, column (C), line 12 t unrelated business taxable income from Form 990-T, line 34	3 4 5 6 7a	8 3 0
mber of independent voting members of the governing body (Part VI, line 1b) tal number of employees (Part V, line 2a) tal number of volunteers (estimate if necessary) tal gross unrelated business revenue from Part VIII, column (C), line 12 t unrelated business taxable income from Form 990-T, line 34	4 5 6 7a	8 3 0
tal number of employees (Part V, line 2a) tal number of volunteers (estimate if necessary) tal gross unrelated business revenue from Part VIII, column (C), line 12 t unrelated business taxable income from Form 990-T, line 34	5 6 7a	3
tal number of volunteers (estimate if necessary) tal gross unrelated business revenue from Part VIII, column (C), line 12 t unrelated business taxable income from Form 990-T, line 34	6	0
tal gross unrelated business revenue from Part VIII, column (C), line 12 t unrelated business taxable income from Form 990-T, line 34		
t unrelated business taxable income from Form 990-T, line 34		
intributions and grants (Part VIII, line 1h)	Prior Year	Current Year
ntributions and drants (Part VIII line 1n)	riioi ieai	Cullent lear
Grand Grand	2,375,367.	2,427,75
ogram service revenue (Part VIII, line 2g)		
restment income (Part VIII, column (A), lines 3, 4, and 7d)	183,008.	113,05
	0.550.075	0.540.01
	2,558,375.	2,540,81
ants and similar amounts paid (Part IX, column (A), lines 1-3)		
nefits paid to or for members (Part IX, column (A), line 4)		
	8,400.	24,59
ofessional fundraising fees (Part IX, column (A), line 11e)		
her expenses (Part IX, column (A), lines 11a-11d, 11f-24RECEIVED	644,222.	1,858,35
tal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	652,622.	1,882,94
	1,905,753.	657,86
APR 01 ZUII	Beginning of Year	End of Year
ital assets (Part X, line 16)	8,760,806.	9,605,748
	108,376.	295,453
· · · · · · · · · · · · · · · · · · ·	8,652,430.	9,310,29
	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12). rants and similar amounts paid (Part IX, column (A), lines 1-3) enefits paid to or for members (Part IX, column (A), line 4) alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) rofessional fundraising fees (Part IX, column (A), line 11e) total fundraising expenses, Part IX, column (D), line 25) ther expenses (Part IX, column (A), lines 11a-11d, 11f-24f) ECEIVED total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) evenue less expenses Subtract line 18 from line 122. APR 01 2011 OGDEN, UT Signature Block Under penalties of perjury, 1 declare that 1 have examined this return, including accompanying schedules	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) patal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12). parants and similar amounts paid (Part IX, column (A), lines 1-3) parenefits paid to or for members (Part IX, column (A), line 4) palaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). potential fundraising fees (Part IX, column (A), line 11e) patal fundraising expenses, Part IX, column (D), line 25). patal expenses (Part IX, column (A), lines 11a-11d, 11f-24RECEIVED. patal expenses Add lines 13-17 (must equal Part IX, column (A), line 25). patal expenses Subtract line 18 from line 12. patal assets (Part X, line 16). patal liabilities (Part X, line 26). patal sasets or fund balances. Subtract line 21 from line 20. patal sasets or fund balances. patal sasets (Part X, line 26). patal sasets or fund balances. patal sasets (Part X, line 26). patal sasets or fund balances. patal sasets (Part X, line 26). patal sasets or fund balances. patal sasets (Part X, line 26). patal sasets (Part X, line 26). patal sasets (Part X, line 26). patal sasets or fund balances. patal sasets (Part X, line 21 from line 20. patal sasets (Part X, line 26).

orm 990 (2009		V	81-0577043	Page 2
Part III	Statement of Program Service A	ccomplishments		
	escribe the organization's mission CHEDULE O			
the prior	organization undertake any signi Form 990 or 990-EZ?describe these new services on So	ficant program services during the y	rear which were not listed on	Yes X No
	organization cease conducting, o	r make significant changes in how it		Yes X No
Describe Section	describe these changes on Sched the exempt purpose achievemen 501(c)(3) and 501(c)(4) organizat		largest program services by exper required to report the amount of g	
4a (Code _ SEE SC) (Expenses \$	including grants of \$) (Revenue \$)
4b (Code [.] _) (Expenses \$	including grants of \$)(Revenue \$)
4c (Code _) (Expenses \$	including grants of \$) (Revenue \$)
4d Other pro(Expens	rogram services. (Describe in Scho	-	e\$)	
<u></u>	rogram service expenses ►	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

Checklist of Required Schedules

Part IV

		1	Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
-	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		-	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	-		
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part N	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	-		
	quasi-endowments? If" Yes," complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	. 		
	Schedule D, Part VI.		ر المعادلين . معادلين .	n
•	Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more	ر اد اد		\$ i
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	, ,,4,4,6,0 ,,4,4,6,0 ,,4,4,6,0	66.48	18
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	ا مرد ایش		*
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	* * * * * * * * * * * * * * * * * * * *		(0) (1) (1) (1) (1) (1)
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			7
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	**		
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	:		300
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.	, ¥,.	800 pr 2	
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	\$		· .
	complete Schedule D, Parts XI, XII, and XIII	12	Х	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? Yes No	4, ,		` '
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	a G		ž
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14 b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
4.5	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
4.0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			,,
20	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Form **990** (2009)

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
21-2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
2 - 7 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to question 25	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	l	
b		240		 -
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		i
	to defease any tax-exempt bonds?	24d		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		<u> </u>
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	0.5	·]
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			ļ
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			ļ
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L. Part N	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part N	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
٠.	Part I	31	1	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
5 2	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>	i –	<u> </u>
33	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	-00		
J-	III, N, and V, line 1	34	x	·
25	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	34	<u> </u>	1
35		25		Х
	Schedule R, Part V, line 2	35	<u> </u>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	20		
	organization? If "Yes," complete Schedule R, Part V, line 2	36	 	-
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			.,
	Part VI	37	ļ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		,.	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>

Form **990** (2009)

Par	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	*,		
	US Information Returns Enter -0- if not applicable	*	, 13.44 13.44	1 to 1 to 2 to 2 to 2 to 2 to 2 to 2 to
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	* ,		
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			ļ
	instructions)	\$\$\display \times \display \di	w	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3 b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4-		X
	account)?	4 a		
D	If "Yes," enter the name of the foreign country	> (** -	ده څي ډ۲ ـ	<u> </u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.		, -	1, ,,
E -	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	30	ļ	
·	Prohibited Tax Shelter Transaction?	5 c		
6 2	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	- 00		
va	organization solicit any contributions that were not tax deductible?	6 a		X
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<u> </u>	 	
	gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).	,	:学	
-	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		,7	
_	and services provided to the payor?	7a		
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		Mg (
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		.57	
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		_
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h	,,	<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
_	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		 -	
	Did the organization make any taxable distributions under section 4966?	9a 9b	_	
	Did the organization make a distribution to a donor, donor advisor, or related person?	90	 	 -
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11		1 .		
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
•	amounts due or received from them)		Ì .	
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

Sect	ion A. Governing Body and Management			
	1. 1		Yes	No
1a	Enter the number of voting members of the governing body			-
b	Enter the number of voting members that are independent			-
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	,'- <u>-</u> -		-
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
_	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		X
_	Does the organization have members, stockholders, or other persons who may elect one or more members			
7a	of the governing body?	7 a		X
1.	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
_		- ' ,		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	-, '	-	ر آد
	the year by the following:	8a	X	
а	The governing body?			x
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			X
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9 a		
	tion B. Policies (This Section B requests information about policies not required by the Internal			
<u>Keve</u>	enue Code.)		V	Ne
		4.6	Yes	No X
	Does the organization have local chapters, branches, or affiliates?	10a		 ^ -
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		<u> </u>
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	Х	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			ļ
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	ļ
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		1	
	rise to conflicts?	12b	Х	ļ
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	_X	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by		-	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		٠.	
•	The organization's CEO, Executive Director, or top management official	15a	Х	
a b		15b		Х
D	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)	7.		Ī
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	::		1
108	with a taxable entity during the year?	16a	[X
L	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	. 54		
a	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			-
		16b		+
900	the organization's exempt status with respect to such arrangements?	iiōn	<u> </u>	1
17	List the states with which a copy of this Form 990 is required to be filed \			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)	s only)	
	available for public inspection. Indicate how you make these available Check all that apply. Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	rest		
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who p	ne 1500		
	organization MARY CARBAJAL-WAID, 11801 SHELDON STREET, SUN VALLEY, CA 91352- 818-771-4695			
	010-1/1-4010			(2000)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of , the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order. individual trustees or directors; institutional trustees; officers, key employees, highest compensated employees; and former such persons.

X Check this box if the organization did not compensate any current officer, director, or trustee.

(A)	(B)							(D)	(E)	(F)
Name and Title	Average hours per week	्रें Individual trustee	institutional trustee	Officer	Key employee	ল Highest compensated ক employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
ARAM BENYAMIN										
EMPLOYER TRUSTEE	1.00	Х						0.	0.	0
JAMES MCDANIEL										
EMPLOYER TRUSTEE	1.00	Х						0.	0.	C
DAVID NAHAI										
EMPLOYER TRUSTEE	1.00	X						0.	. o.	C
RAMAN RAJ										
EMPLOYER TRUSTEE	1.00	Х						0.	0.	C
CECILIA WELDON										
EMPLOYER TRUSTEE	1.00	Х	1					0.	. 0.	
RUSS BUTOW										
UNION TRUSTEE	1.00	Х						0.	. 0	C
BRIAN D'ARCY										
UNION TRUSTEE	1.00	Х						0.	ο.	(
DAVID DONOVAN										-
UNION TRUSTEE	1.00	Х						0.	0.	(
DAVE HANSON										
UNION TRUSTEE	1.00	X			ļ			0.	0.	(
JESSE MERCADO										
UNION TRUSTEE	1.00	Х						0	0	(
JON POKORSKI										
UNION TRUSTEE	1.00	Х		$oxed{oxed}$				0	0.	
	<u> </u>									

Part VII Section A. Officers, Directors, Tru			<u> </u>			una i	9			263 (0		
(A)	(B)				2)			(D)	(E)			F)
* Name and title	Average hours per week	Individual trustee	nstitutional trustee	Officer	a Key employee	ap Highest co	Former	Reportable compensation from the organization	Reportab compensa from relat organization (W-2/1099-1	tion ted ons	amo ot compe	mated unt of her ensation m the
		trustee	al trustee		yee	Highest compensated employee		(W-2/1099-MISC)			organ and i	ization related izations
•												
	_											
									-			
												-
1b Total			٠	٠			. ▶	0		0.		
Total number of individuals (including but not reportable compensation from the organization)	limited to t	hose					o re	eceived more than	\$100,000 in			
3 Did the organization list any former office												Yes No
employee on line 1a? If "Yes," complete Sched 4 For any individual listed on line 1a, is the	e sum of	repoi	tab	le d	com	pensa	atio	n and other com	pensation fi	rom	3	X
the organization and related organizations individual											4	X
5 Did any person listed on line 1a receiv services rendered to the organization? If "Yes,"											5	X
Section B. Independent Contractors												
Complete this table for your five highest compensation from the organization	compensa	ited in	nde	pen	den	t con	trac	ctors that receive	d more tha	n \$10	00,000	of
(A) Name and business add	ress							(B) Description of se	rvices	С	(C) Compensa	ation
2 Total number of independent contractors (i more than \$100,000 in compensation from the				nıte	d t	o tho	se	listed above) who	received			

Part							81-05	77043				-	rage 0
	,			То	(A) tal reven	iue	Rela exe fun	B) ted or empt ction enue	į t	(C) Inrelated ousiness revenue		Rev exclude under	(D) venue ed from tax sections 13, or 514
Contributions, gifts, grants and other similar amounts	1a b c d e f	Federated campaigns				0.					_		
	<u>h</u>		Business Code						7				
Program Service Revenue	2a b c d	POWER OF THE CITY OF LOS ANGELES	900099		2,427	7,759.	2	,427,759					
a I	е								<u> </u>			<u> </u>	
Progr	f g	All other program service revenue L Total. Add lines 2a-2f			2,42	7,759.		٥				sign	,
	3	Investment income (including dividends, interes			11	0.50							113,052
		other similar amounts)	► 1		11.	3,052 0			-			+	113,032
	4	Income from investment of tax-exempt bond pro				0				-			
	5	(i) Real	(II) Personal				1	X	 		1	7	
	6a	Gross Rents		r_		1. 90	, 5.6			^ _	-	٠.	,
	ь	Less rental expenses	-										
	С	Rental income or (loss)		, 3 ³ ,	\$50			د ۱	10	* p'	, , , e	38,	
	d	Net rental income or (loss)		ļ		0			ļ			ļ	
	7a	Gross amount from sales of (i) Securities	(II) Other		; %	*	, 13	*,4 -					4
		assets other than inventory		ž.	, i	ě.			1	r	5,	, Life	,
	b	Less cost or other basis											į
		and sales expenses		*;≌ ŧ	1	*.	· 4	⅓	7 %	r	1%		, ,
	, d	Sain or (loss)	•		***************************************	0						- 	
a		Gross income from fundraising		<u> </u>									-
Ž	""	events (not including \$		3%	~	, r	4	.3 .	3		-		<u>ې</u> :
eve		of contributions reported on line 1c)		ľ'								-	
Ř		See Part IV, line 18		٠,	٠,				×	*	rke	3	1
Other Revenue	ь	Less direct expenses b				0					·	-	
Ó	9a	Net income or (loss) from fundraising events. Gross income from gaming activities See Part IV, line 19	· · · · · · · · · <u>· · · · · · · · · · </u>					,					
	Ь	Less direct expenses b											
	_	Net income or (loss) from gaming activities.				0							
	1	Gross sales of inventory, less											
		returns and allowances a											
		Less cost of goods sold b		 -			 					<u> </u>	
	С	Net income or (loss) from sales of inventory, . Miscellaneous Revenue	Business Code			0			 			+	
	-			 				 	-			 	
	11a			 		<u> </u>			+			+	
	Ь			†	_				1			1	
	H	All other revenue											
	e	Total. Add lines 11a-11d				0							
	12	Total Revenue. See instructions			2,54	0,811.		2,427,759					113,052

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and	0		-	
,	organizations in the U.S. See Part IV, line 21	0.		<u> </u>	
2	Grants and other assistance to individuals in			-	
	the U.S. See Part IV, line 22	0.			-
} ~	Grants and other assistance to governments,				
	organizations, and individuals outside the				_
_	US See Part IV, lines 15 and 16	0.			
1	Benefits paid to or for members	0.		<u> </u>	4-5 7 25.7
	Compensation of current officers, directors,				
	trustees, and key employees	0.		organization electii	
	Compensation not included above, to disqualified		complete	columns (B), (C) ar	nd (D).
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
	Other salaries and wages	22,312.			
		,			
	Pension plan contributions (include section 401(k)	0.			
	and section 403(b) employer contributions)	0.			
	Other employee benefits	2,281.			
	Payroll taxes	2,201.			
	Fees for services (non-employees)		i		
а	Management	0.			
b	Legal	6,170.			-
C	Accounting	25,285.			
d	Lobbying	0.			
e	Professional fundraising services See Part IV, line 17	0.		·	
f	Investment management fees	6,483.			
a	Other	868,104.			
_	Advertising and promotion	0.			
3	Office expenses	44,843.			
4	Information technology	0.			,
	i	0.			
5	Royalties	27,762.			
		54,530.			-
7	Travel				
8	Payments of travel or entertainment expenses	0.			
	for any federal, state, or local public officials	0.			
g	Conferences, conventions, and meetings	0.			
0	Interest	0.			
1	Payments to affiliates				·
2	Depreciation, depletion, and amortization	44,619.			
3	Insurance	13,851.			
4	Other expenses Itemize expenses not	-		-	
	covered above (Expenses grouped together		-		
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	REIMBURSED ADMIN. EXPENSES	765,420.			
b	DUES AND SUBSCRIPTIONS	881.			
	MISCELLANEOUS EXPENSES	405.			
d			· _ · · _ · · · · · · · · · · · · · · ·		
e					1
_	All other expenses		· · · · · · · · · · · · · · · · · · ·		
	Total functional expenses. Add lines 1 through 24f	1,882,946.			
					+
26	Joint Costs. Check here ▶ If following SOP 98-2 Complete this line only if the				1
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				
				I	1

Pa	rt X	Balance Sheet			
	,	,	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	93,242.	1	121,963.
	2	Savings and temporary cash investments	6,138,183.	2	6,828,308.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	2,384,481.	4	2,434,932.
	5	Receivables from current and former officers, directors, trustees, key			-
-		employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
-		Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
SSE	8	Inventories for sale or use		8	
Ø	9	Prepaid expenses and deferred charges	12,291.	9	20,830.
	_	Land, buildings, and equipment: cost or 10a 288,485.	10,231.	-	20,0301
	IVa	zaria, zariango, aria equipment. cost or 1-1-1	-	.	- *
		other basis. Complete Part VI of Schedule D	132,609.	400	199,715.
		Less accumulated depreciation	132,009.		
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	8,760,806.	15	0 605 740
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	9,605,748.
	17	Accounts payable and accrued expenses	108,376.	17	295,453.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	<u> </u>	20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key	y -		
ap		employees, highest compensated employees, and disqualified	-		-
		persons Complete Part II of Schedule L		22	- · · · · · · · · · · · · · · · · · · ·
	23	Secured mortgages and notes payable to unrelated third parties		23	_
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	108,376.	26	295, 453.
es		Organizations that follow SFAS 117, check here ▶ and complete lines 27 through 29, and lines 33 and 34.	,	_	- '
anc	27	Unrestricted net assets		27	•
3al:	28	Temporarily restricted net assets		28	
ΔĒ	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117, check here ► X and complete lines 30 through 34.	-		
ts c	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds	8,652,430.	32	9,310,295.
let	33	Total net assets or fund balances	8,652,430.		9,310,295.
2	34	Total liabilities and net assets/fund balances	8,760,806.		9,605,748.
	107	Total liabilities and free assets/faile balances	2,.00,000.	34	5,000,740.

Form **990** (2009)

_	4	_
Page	1	_

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		1	-
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
-	If the organization changed either its oversight process or selection process during the tax year, explain in	1 12		=
	Schedule O.	£ _		*
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		- -	
	issued on a consolidated basis, separate basis, or both:	-		[-
	X Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3 a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Form	990	(2009

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

LOC	AL 18, IBEW-DWP JOINT TRAINING INSTITUTE	81-0577043
Par	Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts. Complete if
	the organization answered "Yes" to Form 990, Part IV, line 6.	· ·
	(a) Donor advised funds	(b) Funds and other accounts
1 -	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in de	onor advised
	funds are the organization's property, subject to the organization's exclusive legal control? .	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund	
•	used only for charitable purposes and not for the benefit of the donor or donor advisor, or fo	
	purpose conferring impermissible private benefit?	
Par		orm 990. Part IV. line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•		of an historically important land area
		of a certified historic structure
	Preservation of open space	or a contined historic structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	the form of a conservation
-	easement on the last day of the tax year.	THE TOTH OF A CONSCIVATION
	,	Held at the End of the Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	
C	Number of conservation easements on a certified historic structure included in (a)	l I
d	Number of conservation easements included in (c) acquired after 8/17/06	1 1
3	Number of conservation easements modified, transferred, released, extinguished, or terming	
•	the tax year	according to organization coming
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, ha	
•	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easi	
	>	•
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easeme	ents during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of se	ection
	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?	Yes No
9	In Part XIV, describe how the organization reports conservation easements in its revenue ar	d expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's finance	cial statements that describes
	the organization's accounting for conservation easements	
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Other	er Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue s	tatement and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or resprovide, in Part XIV, the text of the footnote to its financial statements that describes these it	search in furtherance of public service, ems
b	If the organization elected, as permitted under SFAS 116, to report in its revenue state	
-	historical treasures, or other similar assets held for public exhibition, education, or rese	
	provide the following amounts relating to these items	·
	(i) Revenues included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under SFAS 116 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	> \$

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2009

Par	Organizations Maintainii	ng Conec	LIONS OF	ALL, FIR	Storical	i reasure:	s, or	Other Sillinar A	22612 (C	Jonunuea	<u></u>
3	Using the organization's acquisition	, accessioi	n, and oth	ner reco	rds, che	ck any of th	ne foll	owing that are a :	significar	it use of its	;
	collection items (check all that appl		•		,	•		J	J		
а	Public exhibition	• •		d		Loan or ex	chan	ge programs			
b	Scholarly research			e	-	Other	•) F - 3			
c	Preservation for future ge	nerations		•							
	Provide a description of the organiz		lections a	nd expl	ain how	hev further	the o	organization's exe	mnt nur	nose in	
	Part XIV.	zation's coi	icolions a	ilia expi	alli HOW	arcy rartifici	1110	organization's exc	mpt pur	p030 III	
	During the year, did the organization	n solicit or	receive (donation	ns of art	historical t	ragei	res or other similar	or.		
J	assets to be sold to raise funds rath								_	Yes	No
Dan											NO
Par	Escrow and Custodial A IV, line 9, or reported an						ıans	wered tes lor	-01111 98	o, Part	
	TV, fille 3, of reported an	- annount	01111 01111	550,1	αιτ <i>ι</i> , ιιι	IC 2 1.	-				
4.	le the assessment on a good trusto	a austadis	tho	- into	adian, fa	- contribut		r other essets no			
1 а	Is the organization an agent, truste										—
	included on Form 990, Part X?								[Yes	∐ No
D	If "Yes," explain the arrangement in	Pan XIV a	ana comp	iete the	TOIIOWING	j table.				_	
	_						-	AI	mount		
	Beginning balance						-				
	Additions during the year						-				
	Distributions during the year										
	Ending balance										
2a	Did the organization include an am	ount on Fo	orm 990,	Part X, I	line 21?				[Yes	No
b	If "Yes," explain the arrangement in	Part XIV									
Par	t V Endowment Funds. Con	nplete if o	organizat	tion ans	swered '	'Yes" to Fe	orm 9	990, Part IV, line	10.		
		(a) Currer	nt Year	(b) Pri	or year	(c) Two ye	ears ba	ck (d) Three yea	rs back	(e) Four y	ears back
1 a	Beginning of year balance					,		t .			
b	Contributions	•				1 1.				-	-
С	Net investment earnings, gains,							- '			
	and losses	i				ļ		_			
d	Grants or scholarships					_	-		_		-
е	Other expenditures for facilities .								-		-
	and programs					_			3	Ĭ -	
f	Administrative expenses							 -			
	End of year balance			-			-	-	 		
2	Provide the estimated percentage		end bala	nce held	l as	1		1		<u> </u>	
-	Board designated or quasi-endown	•	ond baid	%	. 40						
b				_′°							
	Term endowment ▶	 ′									
	Are there endowment funds not in	- ' -	esion of t	he orga	nızatıon	that are he	ld and	d administered for	the		
	organization by.	ше роззе	331011 01 1	ne orga	IIIZation	triat are ne	iu aii	administered for	ti ic	V	es No
	(i) unrelated organizations									3a(i)	63 140
	`,									3a(ii)	
h	(ii) related organizations									3b	
	• • • • • • • • • • • • • • • • • • • •	•								30	
4	Describe in Part XIV the intended in						-1.37	l			
Pai	t VI Investments - Land, Bui	idings, ar									
	Description of investment		(a) Cost o	r other bas stment)	sis (I	Cost or other)basis (other)	er	(c) Accumulated depreciation	(d) Book value	е
	1 1		(11146:					depreciation			<u> </u>
1a	Land	-									<u>-</u> .
b	Buildings	F									
C	Leasehold improvements	-				222		- 00 550			
d	Equipment	<u>-</u> -				288,4	185.	88,770		199	9 ,715.
е	Other										
Tota	al. Add lines 1a through 1e. (Column	(d) must	equal Fori	m 990, F	Part X, co	lumn (B), lii	ne 10	(c).) ▶		199	715.
									Sche	dule D (Form	1 990) 2009

Part VII	Investments - Other Securities. See F	orm 990, Part X, line	e 12.	
	(a) Description of security or category • (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
Financial d	lerivatives			
	ld equity interests			
Other		·		
				
				
				.
				
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 12)			,
	Investments - Program Related. See F	orm 990, Part X, lin	e 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
				
-				
				
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. See Form 990, Part X, I	ine 15		
	(a	Description		(b) Book value
-			<u></u>	
				
				
		·		
Total. (Colur	mn (b) must equal Form 990, Part X, col (B) line 15)	<u> </u>		
Part X	Other Liabilities. See Form 990, Part	K, line 25.		
1.	(a) Description of liability	(b) Amount		
Federal in	come taxes		<u> </u>	
			,	
			-	
			-	
			-	
-				
		 	-	
		 	1	
			1	
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) line 25)		1	
		•	·	

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Schedule D (Form 990) 2009 81 - 0 5 7 7 0 4 3		Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem	ents	
1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,540,811.
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	1,882,946.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	3	657,865.
4 Net unrealized gains (losses) on investments	4	
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV)	8	
9 Total adjustments (net) Add lines 4 through 8	9	
	10	657,865
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret		
1 Total revenue, gains, and other support per audited financial statements		2,540,811
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	· 	
	- J	
	*-	
	┥.	
c Recoveries of prior year grants	- -	
d Other (Describe in Part XIV.)	-	
e Add lines 2a through 2d		2 F40 011
3 Subtract line 2e from line 1	. 3	2,540,811
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	-	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
b Other (Describe in Part XIV)	`	
c Add lines 4a and 4b	. 4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5	2,540,811
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re	eturn	
1 Total expenses and losses per audited financial statements	. 1	1,882,946
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities 2a		
b Prior year adjustments 2b	.	
c Other losses 2c		
d Other (Describe in Part XIV)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	. 3	1,882,946
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b		
to Other (December in Deat VIV)	7	
c Add lines 4a and 4b	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).		1,882,946
Part XIV Supplemental Information	. 3	
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Pa and 2b, Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Al this part to provide any additional information	so comple	
	- -	
	Caba	dule D (Form 990) 2009

Part XIV Supplemental Information (continued)

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LOCAL 18, IBEW-DWP JOINT TRAINING INSTITUTE

Employer identification number

81-0577043

ATTACHMENT 1

PART I, LINE 1 AND PART III, LINES 1 AND 4A - ORGANIZATION'S MISSION:

TO REVIEW AND RECOMMEND THE FEASIBILITY OF, AND REQUIREMENTS FOR

INSTITUTIONALIZED PREPARATORY AND COMPETENCY-BASED TRAINING AND LEARNING

OPPORTUNITIES THAT CREATE A FLEXIBLE AND SKILLED WORKFORCE THAT IS

COMMITTED TO EXCELLENCE IN PUBLIC SERVICE.

PART VI, LINE 8B:

THE ORGANIZATION DOES NOT HAVE COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

PART VI, LINE 11A:

FORM 990 WAS PROVIDED TO ALL TRUSTEES FOR REVIEW BEFORE IT WAS FILED.

PART VI, LINE 12C:

EVERY SIX MONTHS THE POLICY IS REVIEWED AT A TRUSTEE MEETING.

PART VI, LINE 15A:

IN ACCORDANCE WITH THE AGREEMENT AND DECLARATION OF TRUST BETWEEN THE EMPLOYER AND THE UNION, SALARIES PAID TO THE EMPLOYER-APPOINTED ADMINISTRATOR AND THE UNION-APPOINTED ADMINISTRATORS SHALL BE EQUAL. SALARY PAID TO THE EMPLOYER-APPOINTED ADMINISTRATOR IS PAID BY THE EMPLOYER. SALARIES PAID TO THE UNION-APPOINTED ADMINISTRATORS IS PAID BY THE UNION. IF THERE IS A DIFFERENCE IN SALARIES BETWEEN THE THREE APPOINTED ADMINISTRATORS, THE DIFFERENCE IS PAID BY THE ORGANIZATION TO

Schedule O (Form 990) 2009

Page 2

Name of the organization

LOCAL 18, IBEW-DWP JOINT TRAINING INSTITUTE

Employer Identification number 81-0577043

ATTACHMENT 1 (CONT'D)

THE LESSER PAID ADMINISTRATOR SO THAT SALARIES ARE EQUAL.

PART VI, LINE 15B:

THE ORGANIZATION DOES NOT HAVE OTHER OFFICERS OR KEY EMPLOYEES.

PART VI, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY AND FINANCIAL STATEMENTS AVAILABLE FOR VIEWING AT THE

ORGANIZATION'S OFFICE UPON REQUEST. POLICY AND FINANCIAL STATEMENTS ARE

AVAILABLE FOR VIEWING AT THE ORGANIZATION'S OFFICE UPON REQUEST.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

LOCAL 18, IBEW-DWP JOINT TRAINING INSTITUTE

Related Organizations and Unrelated Partnerships

Complete If the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.
 ★ Attach to Form 990.

2009	Open to Public Inspection

OMB No 1545-0047

Employer identification number

81-0577043

	(f) Direct controlling entity	1			 se it	(f) Direct controlling entity	N/A			ļ	Schedule R (Form 990) 200
	(e) End-of-year assets				V, line 34 becau	(e) Public chanty status (if section 501(c)(3))	N/A				Schec
IV, line 33.)	(d) Total income				Form 990, Part I	(d) Exempt Code section	501(C)(6)				
า Form 990, Pan	(c) Legal domicile (state or foreign country)				wered "Yes" on	(c) Legal domicie (state or foreign country)	CA				
if the organization answered "Yes" on Form 990, Part IV, line 33.)	(b) Primary activity				ns (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it during the tax year.)	(b) Primary activity	SAFETY INST.				
Identification of Disregarded Entities (Complete if the organization	(a) Name, address, and EIN of disregarded entity				Identification of Related Tax-Exempt Organizations (Complete if had one or more related tax-exempt organizations during the tax year	(a) Name, address, and EIN of related organization	18 IBEW-DWP JOINT SAFETY INSTITUTE 95-4828067 SHELDON STREET SUN VALLEY, CA 91352-1508				For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
Part I					Part		LOCAL 11801	1 :			For Privacy

V 09-9.3

Page 2

81-0577043

Schedule R (Form 990) 2009

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year)

(c) Name, address, and EIN of Primary activity Legal domictie related organization (state or foreign	(b) Primary activity	(c) Legal domictle (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportonale ellocatore?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) - General or managing partner?
		country)		sections 512-514)			Yes No		Yes No
							-		
									-
								٠	_
Partive Identification of Related Organizations Taxable as a	elated Organizat	ions Tax	able as a Corpo	ration or Trust (Co	mplete if the organiz	Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part	s" on Fo	rm 990, Part	

elated Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, P	e it had one or more related organizations treated as a corporation or trust during the tax year.)
tification of Related Organization	IV, line 34 because it had one or more
Ide	≥ 1

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Direct controlling	(e) Type of entity	(f) Share of total income	(g) Share of	(h) Percentage
		(state or foreign country)	enun	or trust)			

PAGE 21

Schedule R (Form 990) 2009

V 09-9.3

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Schedule R (Form 990) 2009

Part V

					- 1
Make Canadata lang 4 is an anatha in Bata d in Data II II as N/ as the calabadata			Yes	S No	
NOTE: COMPINED IN A 11 AND STRUCK IN THE PARTS II, III, OF IV OF WIS SCHEDURE.	:	L	-	igg[-
=	TS II—IV?	•	1	>	٦.
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			19	۲	
h Gift grant or capital contribution to other organization(s)		-	1b	× 	
		10	ن	×	
		:	, ,	>	1
d Loans or loan guarantees to or for other organization(s)		<u> </u>	Б	۱	
e Loans or loan quarantees by other organization(s)			е	×	
		37.	*-	-	
f Colon of order to other constraints		14	<u> </u>	×	1
				×	
		2	n .	×	
h Exchange of assets		<u> </u>	=	: :	
i Lease of facilities, equipment, or other assets to other organization(s)		= :	_	×[
			· 44		
i Lease of facilities equinoment or other assets from other organization(s)		-		×	
k Performance of services or membership or fundraising solicitations for other organization(s)		<u>+</u>	<u> </u>	×	
Performance of services or membership or fundrasing solicitations by other proprietation(s)		=	L	×	
m. Sharing of facilities, aguinment, mailing lists or other assets			1 ×		
		-	_	×	
			,	,,	
		1 •	4	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	_
o Reimbursement paid to other organization for expenses		2 : : :	5	:	
p Reimbursement paid by other organization for expenses		무	a	×	
			1,7,3		
n. Other transfer of cash or property to other organization(s)		10	_	×	
]=	_	×	
2 If the answer to any of the above is "Yes" see the instructions for information on who mist complete this line including covered relationships and transaction thresholds	onshins and tra	nsaction threshol	<u>ا</u> بر		
	מווסוווס מוומ וומ	וופשרווטוו ווושפווט	2		
(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved	paylo	[_
(1)					
(2)					
(3)					
(5)					
(9)					
		Schedule R (Form 990) 2009	066 mJ) 2009	

81-0577043

Page 4

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Schedule R (Form 990) 2009

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?	(e) Share of end-of-year assets	(f) Disproportionate allocations?	(g) Code V-UBI amount in box 20 of Schedule K-1	(h) General or managing partner?
			Yes No	ļ	Yes No	(500) 1110-1	Yes No
	1						
							_
	!						
			-				
						Schedule R (Form 990) 2009	990) 2009

Form **8868**(Rev January 2011) Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box	s form). filed Form 8868. e to file (6 months folectronically file Form 8870, Information paper format (securities & Nonprofits. ox and complete
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously file Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can ele 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in instructions). For more details on the electronic filing of this form, visit www.irs gov/efile and click on e-file for Char Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this bo Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request to file income tax returns. Type or print Number, street, and room or suite no If a P.O box, see instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions	filed Form 8868. e to file (6 months for lectronically file Form 8870, Information paper format (second) and complete
a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can elea 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in instructions). For more details on the electronic filling of this form, visit www.irs gov/efile and click on e-file for Char Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this bo Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request to file income tax returns. Type or print Number, street, and room or suite no If a P.O box, see instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions	lectronically file Forn rm 8870, Information paper format (searties & Nonprofits. ox and complete an extension of time
8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in instructions). For more details on the electronic filing of this form, visit www.irs gov/efile and click on e-file for Char Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this bo Part I only	rm 8870, Information paper format (second paper format (second paper) and complete the control of times.
Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in instructions). For more details on the electronic filing of this form, visit www.irs gov/efile and click on e-file for Char Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this bo Part I only	in paper format (secondites & Nonprofits. ox and complete an extension of time
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this bo Part I only	ox and complete
Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this bo Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request to file income tax returns. Type or print File by the due date for filing your return See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions	ox and complete
A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this bo Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request to file income tax returns. Type or print File by the due date for filing your return See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions	► □
Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request to file income tax returns. Type or print File by the due date for filing your return See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions	► □
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request to file income tax returns. Type or print File by the due date for filing your return See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions	an extension of time
Type or print File by the due date for filing your return See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions Employer id Employer id City, town or post office, state, and ZIP code. For a foreign address, see instructions	
Type or print File by the due date for filing your return See instructions Number, street, and room or suite no. If a P.O. box, see instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions.	dentification number
File by the due date for filling your return See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions	dentification number
due date for filing your return See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions	
return See Instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions	
Enter the Return code for the return that this application is for (file a separate application for each return)	
Enter the Return code for the return that this application is for (file a separate application for each return)	
Application Return Application Is For Code Is For	Return Code
Form 990 01 Form 990-T (corporation)	07
Form 990-BL 02 Form 1041-A	08
Form 990-EZ 03 Form 4720	09
Form 990-PF . 04 Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069	11
	12
Form 990-T (trust other than above) 06 Form 8870	12
Telephone No. ► FAX No. ► If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) for the whole group, check this box ▶ ☐ . If it is for part of the group, check this box ▶ [If this is
a list with the names and EINs of all members the extension is for.	_
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time	
until , 20 , to file the exempt organization return for the organization named above	e. The extension is
for the organization's return for:	
▶ ☐ calendar year 20 or	
► ☐ tax year beginning, 20, and ending	20
, 25, and onding	
2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period	
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and	-
	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS	+
(Electronic Federal Tax Payment System). See instructions.	\$
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and	d Form 8879.FO fa

Form 8868 (Rev	v 1-2011)			Page 2
• If you are	filing for an Additional (Not Automatic) 3-M	onth Exten	sion, complete only Part II and c	
	complete Part II if you have already been gran			
• If you are	filing for an Automatic 3-Month Extension,	complete d	only Part I (on page 1).	•
Part II	Additional (Not Automatic) 3-Month E			no copies needed).
Type or	Name of exempt organization .			Employer identification number
print	Local 18, IBEW-DWP Joint Training Institute			81-0577043
File by the	Number, street, and room or suite no. If a P O b	ox, see instr	uctions.	<u> </u>
extended due date for	11801 Sheldon Street			
filing your _ return. See	City, town or post office, state, and ZIP code. For	r a foreign a	ddress, see instructions	1
instructions	Sun Valley, California 91352-1508			
				,
Enter the Re	eturn code for the return that this application	ıs for (file a	separate application for each retu	m) 0 1
Applicatio	un.	Return	Application	Return
is For		Code	Is For	Code
		 	19101	
Form 990	DI	01	Contracting to the contraction of the contraction of the contraction of	
Form 990-		02	Form 1041-A	08
Form 990-		03	Form 4720	09
Form 990-		04	Form 5227	10
	T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
	T (trust other than above)	06	Form 8870	12
	ot complete Part II if you were not already gr	anted an ai	nomatic 3-month extension on a p	previously filed Form 8888.
	s are in the care of ► Mary Carbajal-Waid			•
Telephone	e No. ► 818-771-4695	FAX	No. ► 818-771-4666	
	anization does not have an office or place of b			
• If this is fo	or a Group Return, enter the organization's for	ur digit Gro	up Exemption Number (GEN)	. If this is
	le group, check this box ▶ 🗌 . If	-	t of the group, check this box .	▶ ∐ and attach a
	names and EINs of all members the extension			
4 I req	uest an additional 3-month extension of time	until	May 15th	. 20 <u>11</u> .
5 Ford	calendar year, or other tax year beginni	ing	July 1 , 20 09 , and endin	
6 If the	e tax year entered in line 5 is for less than 12	months, ch	eck reason: 🔲 Initial return	Final return
	hange in accounting penod		ı	
7 State	e in detail why you need the extension	annual audi	t is in progress. Additional time is r	equired to file a complete
and	accurate return.			
				<u>-</u>
	s application is for Form 990-BL, 990-PF, 99	0-T, 4720,	or 6069, enter the tentative tax, le	
nonr	refundable credits. See instructions.			8a \$
b If th	is application is for Form 990-PF, 990-T,	4720, or 6	069, enter any refundable credit	s and
estin	nated tax payments made. Include any pro	or year ove	rpayment allowed as a credit ar	nd any
amo	unt paid previously with Form 8868.			8b \$
	nce due. Subtract line 8b from line 8a. Include y		t with this form, if required, by using	EFTPS
(Elec	tronic Federal Tax Payment System). See instruc		•	8c \$
	Sigr s of perjury, I declare that I have examined this form, inc and complete, and that I am authonzed to prepare this form	luding accomp	d Verification panying schedules and statements, and to	the best of my knowledge and belief, it is
		T41 - 1		
Signature ► 🗦	David Praygo	ı me ►	C.P.A.	Date ► ◆ 2 · 05 1/

SCANNET APR 2 6 2012

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public

A F	or the 20	10 calendar year, or tax year beginning 0//01, 2010, and endin		730, 20 11
В	neck if applicable	C Name of organization	D Employer identifica	
	_	LOCAL 18, IBEW-DWP JOINT TRAINING INSTITUTE	81-0577043	3
	Address change	Doing Business As		
	Neme change		E Telephone number	
	Initiel return	11801 SHELDON STREET	(818) 771-46	595
	Terminated	City or town, state or country, and ZIP + 4		
	Amended return	SUN VALLEY, CA 91352-1508	G Gross receipts \$	2,382,598.
	Application pending	F Name and address of pnncipal officer BRIAN D'ARCY	H(a) Is this a group return	for Yes X No
		11801 SHELDON STREET, SUN VALLEY, CA 91352-1508	H(b) Are all affiliates inclu	ded? Yes No
ı	Tax-exempt	status 501(c)(3) X 501(c) (6) ◀ (insert no) 4947(a)(1) or 52	7 If "No," attach a list	(see instructions)
J	Website:		H(c) Group exemption nu	mber >
K	Form of org	anization Corporation X Trust Association Other ▶ L Year of	formation 2002 M State of	
Pa	rtl S	ummary		
	1 Brie	fly describe the organization's mission or most significant activities		
•		SCHEDULE O		
Activities & Governance				
Ë			·	
ŏ.	2 Che	ck this box F if the organization discontinued its operations or disposed of more that	an 25% of its net assets	
⊕ •5		ber of voting members of the governing body (Part VI, line 1a)		7.
es	4 Num	ber of independent voting members of the governing body (Part VI, line 1b)	4	7.
VI.	5 Tota	I number of individuals employed in calendar year 2010 (Part V, line 2a)	5	3.
Acti	6 Tota	I number of volunteers (estimate if necessary)		0.
•		Il gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
		unrelated business taxable income from Form 990-T, line 34		0.
			Prior Year	Current Year
en.	8 Con	tributions and grants (Part VIII, line 1h)		
Ž	9 Prog	gram service revenue (Part VIII, line 2g)	2,427,759.	2,325,191.
Revenue	10 Inve	stment income (Part VIII, column (A), lines P (Fant 7d) / F	113,052.	57,407.
œ		er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<u> </u>
		ıl revenue - add lines 8 through 11 must equal Part VIII, column (A) rine 12)	2,540,811.	2,382,598.
		nts and similar amounts paid (Part) plumn (A), lines 1-3)		
	14 Ben	efits paid to or for members (Part IX, column (A), line 4)		
ģ	145 0 .	rries, other compensation, employee benefits (Part) & column (X), lines 5-10)	24,593.	313,076.
Expenses	16a Prof	essional fundraising fees (Part IX, column (A), Ilne 11e)		
×be	b Tota	al fundraising expenses (Part IX, column (D), line 25) ▶		
ш	17 Oth	er expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,858,353.	1,506,269.
		al expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,882,946.	1,819,345.
	1	enue less expenses Subtract line 18 from line 12	657,865.	563,253.
s or			Beginning of Current Year	End of Year
Assets d Balanc	20 Tota	al assets (Part X, line 16)	9,605,748.	10,073,692.
A Se	21 Tota	al liabilities (Part X, line 26)	295,453.	200,144.
<u>8</u> 2	22 Net	assets or fund balances Subtract line 21 from line 20	9,310,295.	9,873,548.
		Signature Block		
Un	der penalties	s of perjury, I declare that I have examined this return, including accompanying schedules and statement mplete Declaration of preparer (other than officer) is based on all information of which preparer has an	s, and to the best of my knowle	dge and belief, it is true,
		in the state of th	Kilowiedge	
	ign		<u> </u>	12
۲	lere 🛭 🏲	Signal of efficer	Date	
		BRIAN DArcy Trust	ور	
	<u>_</u>	Type or print name and title		
Pai	1 -	nt/Type preparer's name Preparer's signature Date	Check if self-	PTIN
	parer	WINDTANEMARU, CPA - team a, (8/9 3/2	3/12 employed ▶	P00349309
		m's name ▶ MILLER, KAPLAN, ARASE & CO., LLP		2036255
	Fig	m's address ▶ 4123 LANKERSHIM BLVD., NORTH HOLLYWOOD, CA 91602-2828	Phone no 818	-769-2010
_		discuss this return with the preparer shown above? (see instructions)		X Yes No
For	Paperwoi	k Reduction Act Notice, see the separate instructions.		Form 990 (2010)

orm 990 (201			81-05/7043	Page 2
Part III	Statement of Program Service Ad Check if Schedule O contains a re	ccomplishments sponse to any question in this Part III		· · · · X
	describe the organization's mission. CHEDULE O			
the prio If "Yes," Did the	r Form 990 or 990-EZ?	r make significant changes in how it	conducts, any program	Yes X No
Describ Section	describe these changes on Schedi the exempt purpose achievement 501(c)(3) and 501(c)(4) organizati	ule O. ts for each of the organization's three ons and section 4947(a)(1) trusts are nd revenue, if any, for each program s	argest program services by expense required to report the amount of gra	
a (Code) (Revenue \$)
4 b (Code) (Expenses \$	including grants of \$)(Revenue\$)
				.=-,
4c (Code _)(Expenses \$	including grants of \$) (Revenue \$)
	74.			
4 d Other p (Expen	orogram services. (Describe in Sche ses \$ including gra	· · · · · · · · · · · · · · · · · · ·	: \$)	
4e Total p	orogram service expenses ►			50m 990 (201)

Form 9	90 (2010) 81-0577043		F	age 3
Part			-	<u> </u>
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	ĺ		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Į
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			1
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	()		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	<u> </u>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12a	X	ļ
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			١,,
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV.	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			,,
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			,,
4-	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			,,
4.0	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	1		U
4.0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	4.		,
20-	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	-	 ^
D	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	201		
	oco mero that operate one or more nospitais must attach addited infancial statements (see instructions)	_j Z U D	I	1

Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 2? If Yes, complete Schedule I, Parts I and II. X X X X X X X X X	Form 990 (2010) 81-0577043				age 4
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. 23 Did the organization aware Yes' to Part VII. Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Parts I and III. 24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$110,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24 by through 24d and complete Schedule K If "No," go to line 25. 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 26 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 27 Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 28 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 29 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 29 Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 29 Did the organization active that it engaged in an excess benefit transaction with a disqualified person of unity the year? 29 Did the organization active that the fransaction is an excess benefit transaction with a disqualified person outstanding as of the en	Part	IV Checklist of Required Schedules (continued)			
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on Part IX. Column (A). Ine 27 If "res," complete Schedule I, Parts I and III 3 Did the organization awaver "res" to Part IXI. Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "res," complete Schedule J 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "res," answer lines 24b through 24d and complete Schedule K II" (*In") go to line 25. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception". 24d C Did the organization antain an accrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d 24d 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization egage in an excess benefit transaction with a disqualified person of uring the year? If "res," complete Schedule I, Part I. 25 b Is the organization and sent that it engaged in an excess benefit transaction with a disqualified person outside that it engaged in an excess benefit transaction with a disqualified person outside I, Part II. 25 Was a loan to or by a current or former officer, director, frustee, key employee, highly compensated employee, or disqualified person outside I, Part II. 27 Did the organization apexit ob a business transaction with one of the following parties (see Schedule L, Part IV. 28 Was the organization approach to a grant or other assestance to an officer, director, trustee, key employee (or a family member thereof) in the organization approach of the programization six year II" "Yes," complete Schedule L, Part IV. 29 Did the organization approach of the programization and exception of the programization receive commentative member, or to a person related to such an individual? 17 If "Yes," complete Schedule L, Part II. 29 Did the organization		in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	•		31		X
complete Schedule N, Part II	32		<u> </u>	ļ	i
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sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33				
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, N, and V, line 1		· · · · · · · · · · · · · · · · · · ·	33	ļ	Х
Is any related organization a controlled entity within the meaning of section 512(b)(13)? a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 A X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	34				
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		N, and V, line 1	34	X	
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	а	Did the organization receive any payment from or engage in any transaction with a			
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			1
related organization? If "Yes," complete Schedule R, Part V, line 2		Part V, line 2		1	
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		related organization? If "Yes," complete Schedule R, Part V, line 2	36		
Part VI	37				
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O					
197 Note. All Form 990 filers are required to complete Schedule O			37		X
	38				1
		19? Note. All Form 990 filers are required to complete Schedule O		1	

Form	990 (2010) 81-0577043		F	age 5
Par				
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			:
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	<u> </u>		
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a	}- <u>-</u> -		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
٠.	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		_ ^
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	30		
44	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		ļ	
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country ▶	74	<u> </u>	
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			į į
5 a	Was the organization a party to a prohibited tax shelter transaction at any time duning the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		, 6.	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		 	
	and services provided to the payor?	7 a	↓	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b	-	-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c	 	
	If "Yes," indicate the number of Forms 8282 filed during the year	\ -		
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		<u> </u>
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	 	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		1	-
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8	1	
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?			
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	_	1	
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	4		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
42-	against amounts due or received from them)	40-	-	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a	+	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	\exists		
	Is the organization licensed to issue qualified health plans in more than one state?	13a	-	-
a	Note. See the instructions for additional information the organization must report on Schedule O.	134	 	†
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			

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14a

14b

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7th for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, of Schedule O. See instructions.	belc r cha	w, a	and
	Check if Schedule O contains a response to any question in this Part VI			X
Secti	ion A. Governing Body and Management			
		ļ	Yes	No
	Enter the number of voting members of the governing body at the end of the tax year			
	Enter the number of voting members included in line 1a, above, who are independent 1b 7	•		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			v
_	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			x
4	supervision of officers, directors or trustees, or key employees to a management company or other person?	4		X
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		Х
-	Does the organization have members of stockholders, or other persons who may elect one or more members			
. a	of the governing body?	7a		х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following.			
а	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Section	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	 -
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		<u> </u>
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		17	
_	form?	11a	<u>X</u>	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		v	-
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> </u>	├—
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	406	х	
_	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	Х	
13	describe in Schedule O how this is done	12c	X	┝
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by	'-		
. •	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	-
b	Other officers or key employees of the organization			X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3) available for public inspection. Indicate how you make these available Check all that apply Own website X Upon request)s only)	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	rest		
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of toganization MARY CARBAJAL-WAID, 11801 SHELDON STREET, SUN VALLEY, CA 91352-818-771-4695	he 1508	- -	
JSA		Form	990	(20
)42 1 00	60017M F173 V 10-8.3 29-08089	. 01111		(20 PAG
	7 10 0.5 23-00003		,	nu

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B)			(0	2)			(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tru or director	Institutional trustee		a Key employee	a Highest compensated at employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1)ARAM BENYAMIN										
EMPLOYER TRUSTEE	1.00	X					<u> </u>	0.	0.	(
(2) JAMES MCDANIEL										
EMPLOYER TRUSTEE	1.00	X			<u> </u>			0.	0.	
(3)RON NICHOLS			}							
EMPLOYER TRUSTEE	1.00	X						0.	0.	(
(4) RAMAN RAJ										
EMPLOYER TRUSTEE	1.00	X	<u> </u>		,			0.	0.	. (
(5) CECILIA WELDON					l					
EMPLOYER TRUSTEE	1.00	X						0.	0.	. (
(6)BRIAN D'ARCY										
UNION TRUSTEE	1.00	X						0.	0.	
(7) DAVID DONOVAN										
UNION TRUSTEE	1.00	X						0.	0.	(
(8) DAVE HANSON							İ	V		
UNION TRUSTEE	1.00	X						0	0	
(9) JESSE MERCADO										
UNION TRUSTEE	1.00	X						0	0.	(
_(10)										
(11)			-							
(13)				ļ			<u> </u>			
(14)					 -					
(15)			-				-			
(16)			-				-			

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Section A. Officers, Directors, 11t		y <u> </u>	ipio			ariu n	ııyı	1		ees (d	
(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)		o trustee		•	a Highest compensated at employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportal compensa from rela organizati (W-2/1099-	ition ited ions	(F) Estimated amount of other compensation from the organization and related organizations
(17)											
[18]											
(19)											
20)											
21)											
22)	-	 -				-					
23)	-										
24)											· · · · · · · · · · · · · · · · · · ·
(25)			-		 						
26)											
27)	-										
(28)					-						
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) Total number of individuals (including but not	ection A	• • •	· ·	• •	· ·		>	0		0 . 0	0.
 3 Did the organization list any former officemployee on line 1a? If "Yes," complete Sched 4 For any individual listed on line 1a, is the organization and related organizations 	cer, direct fule J for su e sum of greater th	or or or or or or or or or or or or or o	divid rtab \$150	<i>lual</i> le (0,0(com	 pensa If "Y	atıo ′es,	on and other com " complete Sched	npensation f	 from such	Yes No
 Individual	accrue co	mpei	nsat	ion	fror	n any	ur ur	nrelated organizat	on or indivi	idual	5 X
Section B. Independent Contractors 1 Complete this table for your five highest	compensa	ited i	nde	pen	den	t con	tra	ctors that receive	ed more that	an \$10	00,000 of
compensation from the organization. (A)							Τ	(B)			(C)
Name and business add ATTACHMENT 1	dress							Description of se	ervices	(Compensation
				-			Ŧ				
2 Total number of independent contractors (more than \$100,000 in compensation from the				mıte	ed t	o thos	se	listed above) who	received		
JSA	. J <u>-</u>					-				1	Form 990 (201

Par	t VIII	Statement of Revenue					
*				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a b c d e f	Federated campaigns		C			
Contra	g	Noncash contributions included in lines 1a-1f \$		0.			
e	h	Total. Add lines 1a-1f	Business Code	0.1			
enr			Business Code			·	
Program Service Revenue	2a b c	POWER OF THE CITY OF LOS ANGELES	900099	2,325,191.	2,325,191.		
Se	d						
ᇤ	е						
ge	f	All other program service revenue			-	- 11 - 11 - 1	
Pro	g	Total. Add lines 2a-2f		2,325,191.			
	3	Investment income (including dividends, intere	est, and				,
		other similar amounts)		57,407.	-		57,407.
	4	Income from investment of tax-exempt bond p	roceeds 🏲	0		·	
	5	Royalties	<u> ▶</u>	0			
	ļ	(ı) Real	(II) Personal	* ,e	,	, <u>\$</u> ,	
	6a	Gross Rents		,			
	ь	Less rental expenses	,	,	* **	•	1
	c	Rental income or (loss)		4			
	d	Net rental income or (loss)	•	0.			<u> </u>
	"	(I) Secunties	(II) Other				
	7 a	Gross amount from sales of	(11) 0 11 101	<i>5</i>	* -	** ;	
		assets other than inventory					,
	b	Less cost or other basis		-		·	1
		and sales expenses		·			7 4
	С	Gain or (loss)			<u> </u>		
	d	Net gain or (loss)		0.			
a	8a	Gross income from fundraising					
Other Revenue		events (not including \$		*	-	1 6	* /
Š		of contributions reported on line 1c)					
æ		•		. Š			"
-		See Part IV, line 18 a	1			*	
Ĕ	Ь	Less direct expenses b	<u> </u>	<i>c'</i>			
0	1	Net income or (loss) from fundraising events.		0.	_		-
	9 a	Gross income from gaming activities See Part IV, line 19 a			and the state of t		
	_	Less direct expenses b	i I				
	"	·		0.	<u> </u>		+
	t	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less					
		returns and allowances a					
		Less cost of goods sold b					<u> </u>
	C	Net income or (loss) from sales of inventory, .		0.			
		Miscellaneous Revenue	Business Code				
	11a					1	
	b						
	c						
	ď	All other revenue					
		Total. Add lines 11a-11d		0			
	12				2 225 107		E7 465
	114	Total revenue. See instructions	<u> </u>	2,382,598.	2,325,191.	<u> </u>	57,407.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and			•	-
1	organizations in the U.S. See Part IV, line 2.1	0.		-	· · · · · · · · · · · · · · · · · · ·
	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	0.			
	Grants and other assistance to governments,			=	
	organizations, and individuals outside the				
	US See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.		-	
	Compensation of current officers, directors,				
	trustees, and key employees	0.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		501(c)(6) organization electi	ng not to
	persons described in section 4958(c)(3)(B)	0.		te columns (B), (C) a	
7	Other salaries and wages	289,834.			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	0.			
9	Other employee benefits	0.			
	Payroll taxes	23,242.			
	Fees for services (non-employees)				
	Management	0.			
	Legal	4,081.			
	Accounting	27,951.			
	Lobbying	0.			
	· · ·	0.		-	
	Professional fundraising services See Part IV, line 17	6,868.		· · · · · · · · · · · · · · · · · · ·	
	Investment management fees	638,261.	,		
	Other	3,022.		+	
	Advertising and promotion	·		 	
	Office expenses	62,297.			
	Information technology	0.		+	
5	Royalties	0.			
6	Occupancy	29,148.	· · . 		
7	Travel	64,840.		-	
8	Payments of travel or entertainment expenses	_			
	for any federal, state, or local public officials	0.			
9	Conferences, conventions, and meetings	10,460.			
20	Interest	0.		1.	
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	84,454.			
23	Insurance	29,225.			
24	Other expenses Itemize expenses not covered		-		
	above (List miscellaneous expenses in line 24f lf		-	_	
	line 24f amount exceeds 10% of line 25, column		-		
	(A) amount, list line 24f expenses on Schedule O)				1
а	REIMBURSED ADMIN. EXPENSES	541,860.			
	DUES AND SUBSCRIPTIONS	878.			1
-	MISCELLANEOUS EXPENSES	2,924.		1	· ·
q					
_					
f	All other expenses				
	[1,819,345.		-	
	Total functional expenses Add lines 1 through 24f	2,020,030.			
20	Joint Costs. Check here ►				
	only if the organization reported in column				
	(B) joint costs from a combined educational				
	campaign and fundraising solicitation				

		Balance Sheet		81	-0577043		Page 11			
Part		Datative Sheet			(A) Beginning of year		(B) End of year			
	1	Cash - non-interest-bearing			121,963.	1	518,056.			
	2	Savings and temporary cash investments			6,828,308.	2	7,042,787.			
	3	Pledges and grants receivable, net	dges and grants receivable, net							
	4	Accounts receivable, net	s receivable, net							
-	5	Receivables from current and former officers,	direc	tors, trustees, kev	2,434,932.	4	2,331,220.			
ĺ		employees, and highest compensated employees			- :	- 1				
		Schedule L			-	5	-			
	6	Receivables from other disqualified persons (as defined under	r secti	on 4958(f)(1)), persons						
		described in section 4958(c)(3)(B), and contributing employers a	-		₹					
		section 501(c)(9) voluntary employees' beneficiary organizations (6	* =				
ets	7	Notes and loans receivable, net			7	 -				
Assets	8	Inventories for sale or use		• • • • • • • • • • • • • • • • • • • •		8				
⋖	9	Prepaid expenses and deferred charges			20,830.		2,429.			
		Land, buildings, and equipment cost or	!			3				
	···	other basis Complete Part VI of Schedule D	102	352.424	-	-				
	h	Less: accumulated depreciation			199,715.		179,200.			
.	11	Investments - publicly traded securities			100,710.	111	1/3,200.			
1	12	Investments - other securities See Part IV, line 11.				12				
- 1	13	Investments - program-related See Part IV, line 11				13				
	14) -		14					
	15		ngible assets							
	16			9,605,748.	15	10 073 603				
	17	Total assets. Add lines 1 through 15 (must equal I			295,453.		10,073,692.			
- 1	18	Accounts payable and accrued expenses Grants payable		293,433.	-	200,144.				
	19					18	 			
	20	Deferred revenue		<u> </u>		19				
		Tax-exempt bond liabilities				20				
ies /	21	Escrow or custodial account liability. Complete			· -	21	-			
<u>ا</u> ڇ	22	Payables to current and former officers, d								
Liabilities		employees, highest compensated employees, at		•	*	- <u>-</u>				
		Complete Part II of Schedule L				22				
- 1	23	Secured mortgages and notes payable to unrelate				23				
- 1	24	Unsecured notes and loans payable to unrelated the				24	· · · · · · · · · · · · · · · · · · ·			
	25	Other liabilities Complete Part X of Schedule D			205 452	25	000 144			
-+	26	Total liabilities. Add lines 17 through 25			295,453.	26	200,144.			
ဖွာ		Organizations that follow SFAS 117, check here lines 27 through 29, and lines 33 and 34.	▶ ∟	and complete						
일	27	_								
ag (21 28	Unrestricted net assets	• • •			27				
<u>m</u>	20 29	Temporarily restricted net assets		28						
Ĭ (23	Permanently restricted net assets		29						
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, chec complete lines 30 through 34.	 		- ~-					
ets :	30	Capital stock or trust principal, or current funds			30	-				
SS	31	Paid-in or capital surplus, or land, building, or equi	pmen	t fund		31				
t A	32	Retained earnings, endowment, accumulated inco	me, c	r other funds	9,310,295.		9,873,548.			
Se	33	Total net assets or fund balances			9,310,295.	+	9,873,548.			
	34	Total liabilities and net assets/fund balances			9,605,748.					

Form **990** (2010)

, Form	1 990 (2010) 81-0577043			Paç	ge 12
Pa	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		82,5	
2	Total expenses (must equal Part IX, column (A), line 25)	2		19,3	
3	Revenue less expenses. Subtract line 2 from line 1	3			253.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,3	10,2	295.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,	1			
	column (B))	6	9,8	73,5	548.
Pa	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			E	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		=		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	i of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain ii	า		1	
	Schedule O		-		
ď	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	;		į	
	issued on a separate basis, consolidated basis, or both:		-	! !	
	X Separate basis Consolidated basis Both consolidated and separate basis			- '	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		_ 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3 Ь		

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

	or the organization		Employer identification number
	AL 18, IBEW-DWP JOINT TRAI		81-0577043
Par		Donor Advised Funds or Other Similar Funds or to Form 990, Part IV, line 6.	Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	Aggregate contributions to (during year		
	Aggregate grants from (during year) .	' 1	
	Aggregate value at end of year		
5		and donor advisors in writing that the assets held in do	anar advaad
		subject to the organization's exclusive legal control?.	
6		subject to the organization's exclusive legal control?. s, donors, and donor advisors in writing that grant fund	
•		not for the benefit of the donor or donor advisor, or for	
		ate benefit?	
Par	Conservation Easements (Complete if the organization answered "Yes" to F	orm 990 Part IV line 7
1 GL		s held by the organization (check all that apply)	omi 990, Part IV, line 7.
'			
	Preservation of land for public us		of an historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
_	Preservation of open space		
2		ganization held a qualified conservation contribution in	the form of a conservation
	easement on the last day of the tax year	ar	William Ale Find SAL Ton Von
			Held at the End of the Tax Year
а		nts ,	
b		on easements	
C		n a certified historic structure included in (a)	2c
d		icluded in (c) acquired after 8/17/06, and not on a	
		Register	
3	Number of conservation easements m	odified, transferred, released, extinguished, or termin	ated by the organization during the
	tax year ▶		
4		ect to conservation easement is located ▶	
5	Does the organization have a written p	policy regarding the periodic monitoring, inspection, ha	andling of
		servation easements it holds?	
6	Staff and volunteer hours devoted to r	monitoring, inspecting, and enforcing conservation eas	sements dunng the year
	>		
7	Amount of expenses incurred in monitor	oring, inspecting, and enforcing conservation easeme	nts during the year
	▶ \$		
8	Does each conservation easement rep	ported on line 2(d) above satisfy the requirements of se	ection 170(h)(4)(B)
	(i) and 170(h)(4)(B)(ii)?	ation reports consequentian comments in the revenue on	Yes No
9	In Part XIV, describe how the organiza	ation reports conservation easements in its revenue an	d expense statement, and
		ole, the text of the footnote to the organization's financ	
	organization's accounting for conserva	ation easements	
Par	Complete if the organization	Collections of Art, Historical Treasures, or Othen answered "Yes" to Form 990, Part IV, line 8.	r Similar Assets.
1a	If the organization elected, as permit works of art, historical treasures, or public service, provide, in Part XIV, the	ted under SFAS 116 (ASC 958), not to report in its other similar assets held for public exhibition, edutext of the footnote to its financial statements that de	revenue statement and balance shee ucation, or research in furtherance o
b	If the organization elected, as permit works of art, historical treasures, or	itted under SFAS 116 (ASC 958), to report in its r other similar assets held for public exhibition, edu	evenue statement and balance shee
	public service, provide the following ar	mounts relating to these items Part VIII, line 1	. .
		X	
2			
_	following amounts required to be seen	works of art, historical treasures, or other similar	assets for financial gain, provide th
9		orted under SFAS 116 (ASC 958) relating to these item	
a b	Assets included in Form 990, Part Y	VIII, line 1	· · · · · · · · • \$
	Paperwork Reduction Act Notice, see the I	nstructions for Form 990	
JSA			Schedule D (Folili 990) 201
UE 126	81000 60017M F173	V 10-8.3 29-080	989 PAGE

Sched	ule D (Form 990) 2010				81	-05	77043			Page 2
Par	t III Organizations Maintaining C	ollections c	f Art, Histor	rical 1	reasures	, or C	ther Similar A	ssets (c	ontinued	1)
3	Using the organization's acquisition, a collection items (check all that apply):	ccession, and	other record	ds, ch	eck any of	the f	following that ar	e a sign	ificant us	e of its
а	Public exhibition		d T	7 L	oan or exc	hange	e programs			
b	Scholarly research		e	⊣						
c	Preservation for future genera	tions	<u> </u>	٠,						
_	Provide a description of the organizati		ns and expla	ain hov	w they fur	her th	ne organization's	evemni	nurnose	ın Part
•	XIV.	0110 001100110	no and exple	2111 110	v they run	aici a	ic organizations	cxciiipi	, purpose	ill Lait
5	During the year, did the organization so	licit or receive	donations o	fart h	istorical tra	2001	s or other simila			
•	assets to be sold to raise funds rather th							_		
Par									Yes	No
rai	line 9, or reported an amour					answ	vered tes lor		o, Parti	v,
1 a	Is the organization an agent, trustee, cu	stodian or oth	ner intermedia	ary for	contribution	ons or	other assets not	:		
	included on Form 990, Part X?							[Yes	No
b	If "Yes," explain the arrangement in Par	XIV and com	plete the foll	owing	table			_		
					ſ		Ar	mount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
	Ending balance				1.					
	Did the organization include an amount							T	Yes	No
	If "Yes," explain the arrangement in Par		, , -	•						
Par			ation answe	ered "\	res" to Fo	rm 99	0 Part IV line	10		
) Current year	(b) Pnor ye		(c) Two yea				(e) Foury	ears back
1 a	Beginning of year balance	,,	, ,		<u> </u>		(-,		(-) ,	
	Contributions									
	Net investment earnings, gains,								-	
_	and losses								-	-2-
А	Grants or scholarships									
	Other expenditures for facilities .								-	
	and programs						-	-	_	
•	Administrative expenses			ŀ				<u> </u>		
	End of year balance						-			-
	<u> </u>		<u> </u>							
2	Provide the estimated percentage of th	-								
_	Board designated or quasi-endowment		%							
	Permanent endowment	_ %								
	Term endowment ▶%									
3 a	Are there endowment funds not in the	possession o	the organiza	ation th	nat are held	d and	administered for	the		
	organization by									es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organiz								3 b	
4	Describe in Part XIV the intended uses									
Par	t VI Land, Buildings, and Equipn	nent. See Fo	orm 990, Pa	irt X, I	ine 10.					
	Description of investment		t or other basis vestment)	(b) C	ost or other ba (other)	sis	(c) Accumulated depreciation	(0	d) Book valu	ie
1 a	Land									
b	Buildings	[
С	Leasehold improvements			Γ						
d	Equipment	····		į .	352,4	24.	173,224	•	17:	9,200.
е	Other							-		
Tota	al. Add lines 1a through 1e (Column (d)	must equal Fo	orm 990, Part	X, cold	umn (B). lın	e 10(c	;)) >		17	9,200.
					 		· · · · · · · · · · · · · · · · · · ·			

Part VII	Investments - Other Securities. See Fo	orm 990, Part X, line	e 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year mark	
(1) Financi	al derivatives			
(2) Closely	-held equity interests			
<u>(C)</u>				
<u>(D)</u>				
<u>(E)</u>				
<u>(G)</u>				
<u>\(\lambda_1\rangle_\)</u>				
	nn (b) must equal Form 990, Part X, col (B) line 12)			
	Investments - Program Related. See F	orm 990. Part X. lır	ne 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valuat	ion
	,,	, ,	Cost or end-of-year mark	et value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		<u></u>		
(10)	nn (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. See Form 990, Part X, III	ne 15	<u> </u>	<u> </u>
TOTOTAL		Description		(b) Book value
(1)	(-)			(=, ===================================
(2)				
(3)				
(4)				
(5)				
(6)		· · · · · · · · · · · · · · · · · · ·		
(7)	<u></u>			
(8)				
<u>(9)</u> (10)				
	mn (b) must equal Form 990, Part X, col (B) line 15)			
Part X	Other Liabilities. See Form 990, Part >			i
1.	(a) Description of liability	(b) Amoun	nt	
(1) Fed	eral income taxes			į
(2)				
(3)				,
(4)				
_(5)				
_(6)				
_(7)	· · · · · · · · · · · · · · · · · · ·			-
(8)				
(9)				
(10)	· · · · · · · · · · · · · · · · · · ·			
(11) Total (Coll	tump (h) must equal Form 000. Dod V and (D) time 05			
	umn (b) must equal Form 990, Part X, col (B) line 25			

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

PAGE 15

Schedule	e D (Form 990) 2010		81-0	577043			Page 4
Part)	Reconciliation of Change in Net Assets from Form 990	to Audit	ed F	inancial Stat	emen	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)				1		2,382,598.
	Total expenses (Form 990, Part IX, column (A), line 25)						1,819,345.
	Excess or (deficit) for the year Subtract line 2 from line 1						563,253.
	Net unrealized gains (losses) on investments						
5	Donated services and use of facilities		• • • •		5		
	Investment expenses						
7	Prior period adjustments		• • •		7	+	
8	Other (Describe in Part XIV)				. 8	+	
_	Total adjustments (net) Add lines 4 through 8	• • • •	• • •		. 9	+	
	Excess or (deficit) for the year per audited financial statements. Comb						563,253.
	XII Reconciliation of Revenue per Audited Financial Statem						303,233.
							2,382,598.
1	Total revenue, gains, and other support per audited financial statemen	is			• • •	1	2,302,390.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					-	
	Net unrealized gains on investments		2a			-	
	Donated services and use of facilities						
	Recoveries of prior year grants						
	Other (Describe in Part XIV.)					- 1 =	
е	Add lines 2a through 2d					2 e	
3	Subtract line 2e from line 1					3	2,382,598.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					=	
а	Investment expenses not included on Form 990, Part VIII, line 7b						
	Other (Describe in Part XIV.)					-5-	
С	Add lines 4a and 4b					4 c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, I	ine 12)		<u> </u>		5	2,382,598.
Part	XIII Reconciliation of Expenses per Audited Financial Stater	ments W	Vith E	xpenses pe	r Retu	ırn	
1	Total expenses and losses per audited financial statements					1	1,819,345.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					-	
a	Donated services and use of facilities		2 a				
b	Prior year adjustments						
С	Other losses		1 0 -] - 1=	
d	Other (Describe in Part XIV.)		2d				
е	Add lines 2a through 2d					2 e	
3	Subtract line 2e from line 1					3	1,819,345
4	Amounts included on Form 990, Part IX, line 25, but not on line 1					7	
а	Investment expenses not included on Form 990, Part VIII, line 7b		4a				
	Other (Describe in Part XIV)					1	
	Add long 4g and 4h			<u>'</u>		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I					5	1,819,345
	XIV Supplemental Information	,			• • • •	1	· · · · ·
Comp Part V	elete this part to provide the descriptions required for Part II, lines 3, 5, a 7, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part X dditional information	XIII, lines	2d a				
SEE	PAGE 5						
			-				
						Sch	edule D (Form 990) 2010

Part XIV Supplemental Information (continued)

PART X, LINE 2:

THE INSTITUTE HAS ADOPTED GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ISSUED BY THE FINANCIAL ACCOUNTING STANDARDS BOARD.

MANAGEMENT BELIEVES THAT THE INSTITUTE HAS TAKEN NO UNCERTAIN TAX

POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY

WITH THE PROVISIONS OF THIS GUIDANCE. CERTAIN PRIOR YEARS INFORMATION

RETURNS ARE SUBJECT TO EXAMINATION BY AUTHORITIES.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LOCAL 18, IBEW-DWP JOINT TRAINING INSTITUTE

Employer identification number 81-0577043

PART I, LINE 1 AND PART III, LINES 1 AND 4A - ORGANIZATION'S MISSION:

TO REVIEW AND RECOMMEND THE FEASIBILITY OF, AND REQUIREMENTS FOR

INSTITUTIONALIZED PREPARATORY AND COMPETENCY-BASED TRAINING AND LEARNING

OPPORTUNITIES THAT CREATE A FLEXIBLE AND SKILLED WORKFORCE THAT IS

COMMITTED TO EXCELLENCE IN PUBLIC SERVICE.

PART VI, LINE 8B:

THE ORGANIZATION DOES NOT HAVE COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

PART VI, LINE 11B:

FORM 990 WAS PROVIDED TO ALL TRUSTEES FOR REVIEW BEFORE IT WAS FILED.

PART VI, LINE 12C:

EVERY SIX MONTHS THE POLICY IS REVIEWED AT A TRUSTEE MEETING.

PART VI, LINE 15A:

IN ACCORDANCE WITH THE AGREEMENT AND DECLARATION OF TRUST BETWEEN THE
EMPLOYER AND THE UNION, SALARIES PAID TO THE EMPLOYER-APPOINTED

ADMINISTRATOR AND THE UNION-APPOINTED ADMINISTRATORS SHALL BE EQUAL.

SALARY PAID TO THE EMPLOYER-APPOINTED ADMINISTRATOR IS PAID BY THE

EMPLOYER. SALARIES PAID TO THE UNION-APPOINTED ADMINISTRATORS ARE PAID

BY THE EMPLOYER AND THE INSTITUTE. IF THERE IS A DIFFERENCE IN SALARIES

BETWEEN THE THREE APPOINTED ADMINISTRATORS, THE DIFFERENCE IS PAID BY THE

Name of the organization

LOCAL 18, IBEW-DWP JOINT TRAINING INSTITUTE

Employer identification number 81-0577043

INSTITUTE TO THE LESSER PAID ADMINISTRATOR SO THAT SALARIES ARE EQUAL.

PART VI, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE FOR VIEWING AT THE ORGANIZATION'S OFFICE UPON REQUEST.

ATTACHMENT	1	
A CTOP S		

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
COASTAL TRAINING TECHNOLOGIES CORP. 500 STUDIO DRIVE VIRGINIA BEACH, VA 23452	TRAINING SVCS.	124,950.
HAIG BARRETT 1801 CENTURY PARK EAST, 24TH FLOOR LOS ANGELES, CA 90067	TRAINING SVCS.	428,775.
INTERLIANCE CONSULTING, INC. 1221 E. DYER ROAD, SUITE 200 SANTA ANA, CA 92705	CONSULTING SVCS.	503,322.
TOTAL COMPENS	SATION	1,057,047.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047 Open to Public

> Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37 ▲ ▶ Attach to Form 990.

LOCAL 18, IBEW-DWP JOINT TRAINING INSTITUTE

Name of the organization

Depertment of the Treesury

See separate instructions.

Employer identification number Inspection

81-0577043

(g) Section 512(b)(13) controlled (f)
Direct controlling
entity ŝ × entity? Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Yes (f) Direct controlling (e) End-of-year assets N/A Public chanty status (if section 501(c)(3)) (d) Total income Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) <u>e</u> N/A (c) Legal domicile (state or foreign country) (d) Exempt Code section 501(C)(6) Legal domicile (state or foreign country) (b) Primary activity છ CASAFETY INST. Primary activity 95-4828067 11801 SHELDON STREET -----SUN VALLEY, CA 91352-1508 (a)Name, address, and EIN of disregarded entity (a) (ame, address, and EIN of related organization (1) LOCAL 18 IBEM-DWP JOINT SAFETY INSTITUTE Part II Part I (5) Ξ 3 4 2 (6)

For Paperwork Reduction Act Notice, see the instructions for Form 990.

[7]

<u>(6)</u>

(2)

(3)

€

<u>_</u>(5)_

Schedule R (Form 990) 2010

81-0577043

Page 2

Schedule R (Form 990) 2010

Schedule R (Form 990) 2010 (h) Percentage ownership Percentage ownership ¥ (j) General or managing partner? Yes No Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (g) Share of end-of-year assets Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) (I) Code V-UBI amount in box 20 Schedule K-1 (Form 1065) (f) Share of total income (h) Disproportionale ellocatora? ŝ Yes (g) Share of end-of-year (e)
Type of entity
(C corp, S corp,
or trust) (f) Share of total income (d)
Direct controlling
entity (e)
Predominant
Income (related,
unrelated,
excluded from
tax under
sections 512-514) (c) Legal domicile (state or foreign country) (d)
Direct controlling (b) Primary activity (c) Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN of related organization (a) Name, address, and EIN related organization Part III Part IV (Z) 4 (5) (5) 7 <u>ල</u> Ξ 2 <u></u> <u>9</u> <u>S</u> 9 $\mathbf{\epsilon}$

29-08089

V 10-8.3

PAGE 21

Part V	Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35,	(Complete if the organization	on answered "Yes	" to Form 990, Part	l IV, line 34, 35, 35a, or 36.)		Yes No
Note.	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this	IV of this schedule	der orom ro one di	atal arciteziaeono bete	d in Parts II_IV?	**************************************	
	During the tax year, did the organization engage in any of the following transactions with one of more related organizations instruments in the contractions of the contractions in the contractions of the contractions in the contraction of the contraction of the contractions in the contraction of t	of the following transactions w		ateu otganizationis iisto		1a	×
	Receipt of (I) Interest (II) annuities (III) royalities of (IV) refit from a controlled entity					10	×
و م	Gift, grant, or capital contribution to otner organization(s)					2	×
	Gift, grant, or capital contribution from other organization(s)	nn(s)				19	×
	Loans or loan guarantees to or for other organization(s)					- -	×
.	Loans or Ioan guarantees by other organization(s)						*
	Sale of assets to other organization(s)					=======================================	×:
. 5	Purchase of assets from other organization(s)					19	< >
	Exchange of assets					٠ ۲	< >
<u>-</u>	Lease of facilities, equipment, or other assets to other organization(s)	rganization(s)				= -	l
		:				The state of the s	- ×
j	Lease of facilities, equipment, or other assets from other organization(s)	er organization(s)					×
*	Performance of services or membership or fundraising solicitations for other organization(s)	solicitations for other organizati	ion(s)			:	×
_	Performance of services or membership or fundraising solicitati	solicitations by other organization(s)	on(s)			- - - -	×
_	Sharing of facilities, equipment, mailing lists, or other assets.	sets				-	×
<i>S</i>	Sharing of paid employees					1	3,4
							X
0	Reimbursement paid to other organization for expenses					10	×
o.	Reimbursement paid by other organization for expenses						, , ,
		(19	×
5 -	Other transfer of cash or property from other organization(s) Other transfer of cash or property from other organization(s)					11	×
2	If the answer to any of the above is "Yes," see the instructions f	uctions for information on who must	must complete this	line, including cover	complete this line, including covered relationships and transaction thresholds	action thresholds	
	(a) Name of other organization	zation		(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount Involved	mIning æd
Ξ							
(2)							
3							
(6)							
(4)							
				-, -			
(2)							
(9)							
JSA E1309 1 000	JSA E1309 1000 60017M F173	v 10-8.3	29-08089			Schedule R (Form 990) 2010 PAGE 22	990) 2010 ;

Yes No

(h) General or managing partner?

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Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. (g)
Code V-UBI
amount in box 20
of Schedule K-1
(Form 1065) (f) Disproportionate ellocations? ŝ Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.) Yes (e) Share of end-of-yeer assets Are ell partners section 501(c)(3) orgenizations? (c)
Legal domicile
(state or foreign
country) (b)
Primary activity (a) Name, eddress, and EIN of entity Part VI <u>(1</u> 4 (5) (11) (S) (2) (10) <u>6</u>) <u>(</u>9) <u>(8</u>

Schedule R (Form 990) 2010

(12)

(13)

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Schedule R (Form 990) 2010

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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Return of Organization Exempt From Income Tax

1	OMB No 1545-0047
	2011
1	Open to Public
ı	Inspection

Oepartment of the Treasury Internal Revende Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

A +	or th					x year beg	inning			1//	01,201	1, and	en	aing	7			730, 20 12			
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	┪	, i											E Telephone number								
_	┪	return													(818) 771-4695						
<u> </u>	Termi		-			ntry, and ZIP									1						
	Amen	· L				A 9135										ss receip		2,261,294.			
_	Applic					pnncipal office		IAN							H(a) is	this a gro iliates?	up return	1 for Yes X No			
			118	01 SHE	LDON	I ST, S			CA	91	352-15	808		_		e all affilia	ites inclu	nded? Yes No			
	Tax-ex	empt stat	us	501(c)	(3)	X 501(c)	(6)◀	(ınsert	no)		4947(a)(1) or		527	lf	"No," atta	ch a list	(see instructions)			
J	Websi	te: ► l	I/A												H(c) Gr	оир ехет	ption nu	mber >			
〈	Form o	of organi	ation	Corpor	ation	X Trust	Associat	ion	Other	•		_	L Ye	ar of form	ation 20	02 M	State o	of legal domicile CA			
Рa	rt i	Sun	mary																		
	1	Briefly	describ	e the orga	anızatıc	on's mission	or most s	ignificar	nt activ	ities						-					
•		SEE	SCHE	DULE O																	
Governance													-		. – – – – .						
Ē																					
ove	2	Check	this box	→	if the d	organization	discontin	ued its	onera	tion	e or disno	eed of	more	than 25	% of its n	et accet					
<u>ა</u>	3					the governi											3	7.			
Se	4	Numbe	r of ind	enendent	votina	members o	f the gove	rning h	odv (D	 art \	/ / 1b)	• • •	• •		• • • •	• • • •		7.			
ŧ	5	Total n	umbor	of undividu	volling alc om	iployed in c	olondar vo	ar 2011	Ouy (F	CALL V	1, IIIIE 1D)	• • •	• •		• • • •	• • • •	5	4.			
Activities	6					timate if nec) (
V	í				•		• • •			• •		• • •	• •			• • • •					
						ue from Parl											7a				
	D	Net un	related	business	taxable	e income froi	m Form 99	90-1, line	e 34 .			• • •	• • •	 ₍		_	7b				
															Prior	Year	_	Current Year			
ne	8	Contrib	utions	an d grant s) (Part	VIII: line-1h)	n · 🔨							• •			0	(
Revenue	9					如此种物										25,1		2,224,879.			
Š	10	Investr	nent ind	ome Par	t VIII, o	column (A), I	ines 3,(2),	and 7d)						L		57,4	07.	36,415.			
Ξ	11	Other	evenue	Part VIII	I, _/ ငှညျမျာ	nn _i (A), lines	5, 6d 8 €.	9c, 10c	, and 1	1e)				L			0	(
	12	Total re	evenue	- æðd line	<u>s 8'thr</u>	ough 11 (mi	ust equal F	Part VIII,	colum	n (A	(), line 12)	·			2,3	82,5	98.	2,261,294.			
	13	Grants	and sir	miaramou	ints-pa	d (Part-IX, c	olumn (A)	, lines 1	-3)					L			0	C			
	14	Benefit	s paid i	o or form	ember	s (Parlix, so	lumn (A)	line 4)						🗀			0	C			
ģ	15	Salaries, other compensation, employee ben				nefits (Part IX, column (A), lines 5-10)							3	13,0	76.	371,644.					
Expenses	16a					Part IX, colui											0	C			
xbe						rt IX, column						0	• •								
Ú	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)										1,5	06,2	69.	1,585,098.						
	18	Total e	xpense	s Add line	es 13-1	17 (must equ	ıal Part IX.	column	· · · · ı (A). lı	ne 2	 25)	• • •	• •	∵		19,3		1,956,742.			
	19					act line 18 fr							• •	• •		63,2		304,552.			
es o	1			,								- · · ·	••	Ben	inning of (End of Year			
Net'Assets or Fund Balances	20	Total a	ssets (F	art X, line	16)									-39	10,0			10,361,880.			
Ass Bal	21		•	(Part X, II						•		• • •	• •	• •		00,1		183,780.			
E E	22			•		Subtract line	21 from lu			•			• •	• •		$\frac{33,5}{73,5}$		10,178,100.			
Da	Tall.			Block	1003	Juditact iiile	21 110111 111	16 20.		•	· · · · ·	· · ·	<u>· · </u>	• • • •	370	. 3 / 3	10.	10/1/0/100.			
					at I have	e examined th	is return in	cluding a	ccomn	2DVI	na schedule	ac and a	tater	nente and	to the box	t of my	knowlos	dge and belief, it is true,			
(CO1	rect, a	nd comp	lete Dec	laration of p	reparer	other than o	fficer) is ba	sed on al	li inform	atio	n of which	prepare	er has	any know	ledge	ot of my	MIOWIE	age and belief, it is true,			
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Sig	ın		Signatur	e of officer			/	-								Date					
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		Firm's				SHIM BLVD,									Phone	no	818	-769-2010			
May	the I	RS disc	uss the	s return w	ith the	preparer sho	own above	? (see ır	nstruct	ions)	<u></u>		<u></u> .				X Yes No			
	Pape	rwork f	Reducti	on Act No	tice, s	ee the sepa	rate instru	ctions.								17)	Form 990 (2011)			
JSA															- (.	2.1-ر					

LOCAL 18, IBEW-DWP JOINT TRAINING INSTITUTE

81-0577043

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Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
`2,	'Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	1		
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part N	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable			2002
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	1110		
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	1		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	}		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	_^
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	1	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	1.45		<u> </u>
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			\vdash
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III		<u> </u>	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		-	_X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	L	<u> </u>

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Par	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
•	In the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22 .	*Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			ı
	organization's current and former officers, directors, trustees, key employees, and highest compensated	!		ı
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			l
	through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		i
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	_	
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior		-	
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	230		
26	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
27	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
		27		x
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	21		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	200		х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			v
	Schedule L, Part N	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			J.,
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part N	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			,,
	conservation contributions? If "Yes," complete Schedule M	30	ļ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			١
	complete Schedule N, Part II	32	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		ł	l
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	ļ	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	N, and V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b				
	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			1
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		-	
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
_	19? Note. All Form 990 filers are required to complete Schedule O	38_	X	\perp
			990	/2011

Part.V

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1 c	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return $2a$			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country. ▶			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		ļ	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			l
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		ĺ	İ
	gifts were not tax deductible?	6b		-
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	<u> </u>		
	and services provided to the payor?	7a	-	-
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b	<u> </u>	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7 c		,
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h	 	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	- / 11	╁──	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		1	1
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	ļ	
9	Sponsoring organizations maintaining donor advised funds.	-	 	
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b	 	†
0	Section 501(c)(7) organizations. Enter	"		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter.	1		
	Gross income from members or shareholders		1	
	Gross income from other sources (Do not net amounts due or paid to other sources	1	ļ	
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
12a				1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
b 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	13a		
b 13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
b 13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
b 3 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
b 13 a b	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
b 13 a b	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		X
b 13 a b c 14a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b 13c	14a 14b		X (2011

Sect	ion A. Governing Body and Management			
٠.			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year. If there are	1		
	material differences in voting rights among members of the governing body, or if the governing body			
	delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent Lab 7	İ		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7 b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following.	-		
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		<u>X</u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	•	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			,
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		v	
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		Х	
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	х	
a	The organization's CEO, Executive Director, or top management official	15a 15b		Х
b	Other officers or key employees of the organization	เอม		
16a				
ıva	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	IUa		-
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16h		•
Sect	ion C. Disclosure	100		·
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5			nlv\
	available for public inspection. Indicate how you made these available. Check all that apply	- (C)	<i>U 13</i> U	'''y <i>/</i>
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict o	finto	roet -	olicy
. •	and financial statements available to the public during the tax year	, mile	co. L	oncy,
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne		
	organization ► Mary Carbajal-Waid, 11801 SHELDON ST, SUN VALLEY, CA 91352-1508 818-771-4695			
JSA		Form	990	(2011)

Form 990 (2011) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and **Independent Contractors**

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order, individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees; and former such persons

| X | Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title		(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				ıs both	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	-
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W 2/1033 MIGG)	organization and related organizations	_
(1) ARAM BENYAMIN EMPLOYER TRUSTEE	1.00	x						C	0		0
(2) JAMES MCDANIEL EMPLOYER TRUSTEE	1.00	х						C	0		0
(3) RON_NICHOLS EMPLOYER TRUSTEE	1.00	х						C	0		- 0
UNION TRUSTEE	1.00	Х						C	0		0
(5) DAVID DONOVAN UNION TRUSTEE	1.00	х							0		0
(6) DAVE HANSON UNION TRUSTEE	1.00	Х						(0		0
(7) JESSE MERCADO UNION TRUSTEE	1.00	х						C	0		0
(8)											_
(9)											_
											-
_(11)											-
(12)											-
											_
											-

_		С
۲ac	ıe	C

Part VII. Section A. Officers, Directors, Ti (A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(do r box,	not ch unles	Posi neck s pe	tion more rson irecti	than the state of	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportat compensatio related organizati (W-2/1099-I	ole n from	(F) Estimated amount of other compensation from the organization and related organization	on n
							ļ ,					
	-											
							-					
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		ļ	-									
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					ļ						- A - Lo	
	-	ļ 	ļ									
	,			<u> </u> 								
1b Sub-total	Section A .						* * *	(1	0 0 0		0 0 0
2 Total number of individuals (including but no reportable compensation from the organization)			liste 0	d a	bov	e) wh	o re	eceived more than	\$100,000 c	of		-
 3 Did the organization list any former off employee on line 1a? If "Yes," complete Sche 4 For any individual listed on line 1a, is the organization and related organizations of individual	dule J for su sum of regreater than or accrue co	ch incorportation \$15	divid ble o 50,0 	ual com 0007	per Iper If	 nsatio "Yes n any	n a s,"	nd other compen complete Schedu	sation from sile J for s	the such	3 4 5 5	X X X
Section B. Independent Contractors 1 Complete this table for your five highest co	mpensated i	inden	ende	ent	con	tracto	ors 1	that received more	e than \$100	000 0	f	
compensation from the organization Report year	compensat	ion fo	r the	ca	lend	dar ye	ear e	ending with or wit	hin the orga	nızatıoı	n's tax	
(A) Name and business a	ddress			_				(B) Description of se	ervices	С	(C) ompensation	_
ATTACHMENT 1		-					+		-			
		-			-							
Total number of independent contractors more than \$100,000 in compensation from	(including b	ut no	t lin	nıte	d to	tho:	se I	isted above) who	received			
JSA 1E1055 2 000 60017M F173	organiza		11	-6	.5			29-08089			Form 990 PAG	(2011) SE 8

Form 990 (2011)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a resp	onse to any question in	this Part IX		<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21.	0			
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22	0			
3	Grants and other assistance to governments,			-	
	organizations, and individuals outside the		•	-	
	United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	0	· · · · · · · · · · · · · · · · · · ·		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			(c)(6) organization	
	persons described in section 4958(c)(3)(B)	0	COI	nplete columns (B),	(C) and (D).
7	Other salaries and wages	348,809.			
8	Pension plan accruals and contributions (include section				
	401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	22,835.			
11	Fees for services (non-employees)	_			
а	Management	0		ļ	<u> </u>
b	Legal	3,109.			
c	Accounting	25,233.			ļ
d	Lobbying	0			
	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	7,011.			
g	Other	663,481.			
12	Advertising and promotion	125.			
13	Office expenses	46,500.		 	
14	Information technology	0			
15	Royalties	23,928.			-
16	Occupancy	75,311.			
17	Travel	73,311.			
18	Payments of travel or entertainment expenses	n			
4.0	for any federal, state, or local public officials	4,080.			
19	, , ,	0			-
20 21	Interest	0	 		
22	Depreciation, depletion, and amortization	92,387.			
23	Insurance	11,322.	.		
24	Other expenses Itemize expenses not covered	,		 -	
-7	above (List miscellaneous expenses in line 24e If			-	
	line 24e amount exceeds 10% of line 25, column	-			
	(A) amount, list line 24e expenses on Schedule O)				
а	REIMBURSED ADMIN. EXPENSES	631,440.			
b	DUES AND SUBSCRIPTIONS	855.			
С	MISCELLANEOUS EXPENSES	316.			
d					
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	1,956,742.			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	0			
ISA		<u> </u>		 	- 000 rear

1E 1 052 1 000

Page 11

	990 (.				Page II
Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
-	1	Gash - non-interest-bearing	518,056.	1	302,005.
•	2	Savings and temporary cash investments			7,718,544.
	. 3	Pledges and grants receivable, net	d	3	0
	4	Accounts receivable, net	2,331,220.		2,231,553.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees Complete Part II of			
	6	Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	d	6	0
ets	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0		0
4	9	Prepaid expenses and deferred charges	2,429.	9	13,565.
	10a	Land, buildings, and equipment cost or	· · · · · · ·		
		other basis Complete Part VI of Schedule D 10a 355,780.			
	b	Less: accumulated depreciation	179,200.	10c	96,213.
	11	Investments - publicly traded securities	0	11	0
	12	Investments - other securities See Part IV, line 11	0	12	0
	13	Investments - program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	10,073,692.		10,361,880.
	17	Accounts payable and accrued expenses	200,144.	17	183,780.
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
S	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
Liabilities	22	Payables to current and former officers, directors, trustees, key			
abi		employees, highest compensated employees, and disqualified persons	•		-
]	Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	C	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
	}	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	200,144.	26	183,780.
S		Organizations that follow SFAS 117, check here ▶ and complete lines 27 through 29, and lines 33 and 34.	-		٠
Ĕ	27	Unrestricted net assets		27	
Sala	28	Temporarily restricted net assets		28	
<u> </u>	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ► X and complete lines 30 through 34.			
8	30	Capital stock or trust principal, or current funds	C	30	0
set	31	Paid-in or capital surplus, or land, building, or equipment fund	- 0		0
As	32	Retained earnings, endowment, accumulated income, or other funds	9,873,548.		10,178,100.
det	33	Total net assets or fund balances	9,873,548.		10,178,100.
_	34	Total liabilities and net assets/fund balances	10,073,692.		10,361,880.
_					

Form **990** (2011)

Forr	n 990 (2011)		Paç	ge 12
Pa	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	2,2	61,2	294.
2	Total expenses (must equal Part IX, column (A), line 25)	1,9	56,7	142.
3	Revenue less expenses Subtract line 2 from line 1		04,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	9,8	73,5	548.
5	Other changes in net assets or fund balances (explain in Schedule O)			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B))	10,1	.78,1	100.
Pa	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain	in		
2-	Schedule O.	2a	}	x
2a b	the state of the s	2a 2b	X	
C				
·	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain		- A	
	Schedule O	"'		
d		,ro		
_	issued on a separate basis, consolidated basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis	_	1	
3 a	The second of th	ın		
	the Single Audit Act and OMB Circular A-133?	3 a		X
b	and the state of t	1	'	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2011)

SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,

Department of the Treasury Internal Revenue Service

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

Inspection

OMB No 1545-0047

Name	e of the organization	Employer identification number
LOC	CAL 18, IBEW-DWP JOINT TRAINING INSTITUTE	81-0577043
Pai	Organizations Maintaining Donor Advised Funds or Other Similar Fundamental organization answered "Yes" to Form 990, Part IV, line 6.	nds or Accounts. Complete if the
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2		7
3		
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets h	[]
_	funds are the organization's property, subject to the organization's exclusive legal contr	
6	Did the organization inform all grantees, donors, and donor advisors in writing that gra	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or f	
	conferring impermissible private benefit?	
	Conservation Easements. Complete if the organization answered "Yes	to Form 990, Part IV, line /
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
		ation of an historically important land area
	Protection of natural habitat	ation of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribu	ition in the form of a conservation
	easement on the last day of the tax year.	r a
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on	а
	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or	terminated by the organization during the
	tax year ▶	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspect	ion, handling of
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation	on easements dunng the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation ea	asements during the year
	▶ \$	3
8	Does each conservation easement reported on line 2(d) above satisfy the requirement	ts of section 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIV, describe how the organization reports conservation easements in its revei	nue and expense statement. and
	balance sheet, and include, if applicable, the text of the footnote to the organization's	
_	organization's accounting for conservation easements.	
Pa	art III Organizations Maintaining Collections of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line	8
1a	If the organization elected, as permitted under SEAS 116 (ASC 958), not to report	in its revenue statement and balance shee
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report works of art, historical treasures, or other similar assets held for public exhibition	n, education, or research in furtherance o
	public service, provide, in Part XIV, the text of the footnote to its financial statements to	hat describes these items.
þ		n its revenue statement and balance shee
	works of art, historical treasures, or other similar assets held for public exhibition public service, provide the following amounts relating to these items	n, education, or research in furtherance o
		▶ ↑
	(i) Revenues included in Form 990, Part VIII, line 1	
•	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other si	
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to thes	
a b	Revenues included in Form 990, Part VIII, line 1	· · · · · · · · · · · · • • • • • • • •
	Assets included in Form 990, Part X	
U	r apermore reduction activates, see the instructions for Form 990.	Schedule D (Form 990) 201

	and losses			
d	Grants or scholarships			
е	Other expenditures for facilities .			•
	and programs			-
f	Administrative expenses			
g	End of year balance			
2	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:			
а	Board designated or quasi-endowment ▶ %			
b	Permanent endowment ► %			
С	Temporarily restricted endowment ▶ %			
	The percentages in lines 2a, 2b, and 2c should equal 100%			
3 a	Are there endowment funds not in the possession of the organization that are held and administered for the			
	organization by	ſ	Yes	No
	(i) unrelated organizations	3a(i)		
	(ii) related organizations	3a(ii)		
b	If "Yes" to 3a(II), are the related organizations listed as required on Schedule R?	3 b		
4	Describe in Part XIV the intended uses of the organization's endowment funds.			

Part VI Land, Buildings, and Equipment, See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		355,780.	259,567.	96,213.
e Other				
Total. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part	X, column (B), line 10	(c)) ▶	96,213.

Schedule D (Form 990) 2011

Schedule D (Fo					Page 3
Part Vil	Investments - Other Securities. See F	orm 990, Part X,	ine 12.		
.(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuation Cost or end-of-year market	
	derivatives				
(2) Closely-	neld equity interests				
(3) Other					
		ļ	_		
(B)			_		
(C)					
<u>(D)</u>					
(E)					
<u>(F)</u> (G)		 		•	
(H)				·	
					
	(b) must equal Form 990, Part X, col (B) line 12)			·	
	Investments - Program Related. See I	orm 990, Part X,	line 13		
	(a) Description of investment type	(b) Book value		(c) Method of valuation Cost or end-of-year market	
(1)					
(2)					····
_(3)					
(4)					
(5)					
(6)		 			
(7)		1			
(8)					
(10)					
	(b) must equal Form 990, Part X, col (B) line 13)	•			
Part IX	Other Assets. See Form 990, Part X,		- - 1 .		
		i) Description			(b) Book value
(1)					
(2)					_
(3)					
(4)				4	
(5)					
(6)					
(7)		.			
(8)	·				
(10)		·			
	n (b) must equal Form 990, Part X, col. (B) line 15)			>	
Part X	Other Liabilities. See Form 990, Part				
1.	(a) Description of liability	(b) Book	value		
(1) Feder	al income taxes		** 1]	
(2)					
(3)					
(4)		-		-	
(5)				_	
<u>(6)</u>	· ·	_			
(7)				-	
(8)				-	
<u>(9)</u> (10)		-		-	
(11)	· · · · · · · · · · · · · · · · · · ·			4	
	nn (b) must equal Form 990, Part X, col (B) line 25	5) ▶		1	
	ASC 740) Footnote In Part XIV, provide the		to the o	organization's financial statement	ts that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740)

CILL	And Reconcination of Expenses per Addited Financial Statements with Expenses per Retu	IFTI	
1	Total expenses and losses per audited financial statements	1	1,956,742
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a	-	
b	Prior year adjustments 2b		
С	Other losses 2c	1	
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,956,742
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)	1	
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).	5	1,956,742
0	VIV Supplemental Information		

Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to provide any additional information.

Schedule D (Form 990) 2011

SEE PAGE 5

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4.

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Part XII

Part XIV Supplemental Information (continued)

PART X, LINE 2:

THE INSTITUTE HAS ADOPTED GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ISSUED BY THE FINANCIAL ACCOUNTING STANDARDS BOARD.

MANAGEMENT BELIEVES THAT THE INSTITUTE HAS TAKEN NO UNCERTAIN TAX

POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY

WITH THE PROVISIONS OF THIS GUIDANCE. CERTAIN PRIOR YEARS INFORMATION

RETURNS FILED BY THE INSTITUTE ARE SUBJECT TO EXAMINATION BY AUTHORITIES.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

LOCAL 18, IBEW-DWP JOINT TRAINING INSTITUTE

Employer identification number 81-0577043

PART I, LINE 1 AND PART III, LINES 1 AND 4A - ORGANIZATION'S MISSION:

TO REVIEW AND RECOMMEND THE FEASIBILITY OF, AND REQUIREMENTS FOR,

INSTITUTIONALIZED PREPARATORY AND COMPETENCY-BASED TRAINING AND LEARNING

OPPORTUNITIES THAT CREATE A FLEXIBLE AND SKILLED WORKFORCE THAT IS

COMMITTED TO EXCELLENCE IN PUBLIC SERVICE.

PART VI, LINE 8B:

THE INSTITUTE DOES NOT HAVE COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

PART VI, LINE 11B:

FORM 990 WAS PROVIDED TO ALL TRUSTEES FOR REVIEW BEFORE IT WAS FILED.

PART VI, LINE 12C:

EVERY SIX MONTHS THE POLICY IS REVIEWED AT A TRUSTEE MEETING.

PART VI, LINE 15A:

IN ACCORDANCE WITH THE AGREEMENT AND DECLARATION OF TRUST BETWEEN THE EMPLOYER AND THE UNION, SALARIES PAID TO THE EMPLOYER-APPOINTED ADMINISTRATORS AND THE UNION-APPOINTED ADMINISTRATORS SHALL BE EQUAL. SALARIES PAID TO THE EMPLOYER-APPOINTED ADMINISTRATORS ARE PAID BY THE EMPLOYER AND THE INSTITUTE. SALARIES PAID TO THE UNION-APPOINTED ADMINISTRATORS ARE PAID BY THE EMPLOYER AND THE INSTITUTE.

Name of the organization

LOCAL 18, IBEW-DWP JOINT TRAINING INSTITUTE

Employer identification number 81-0577043

PART VI, LINE 15B:

THE INSTITUTE DOES NOT HAVE OTHER OFFICERS OR KEY EMPLOYEES.

PART VI, LINE 19:

THE INSTITUTE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY

AND FINANCIAL STATEMENTS AVAILABLE FOR VIEWING AT THE INSTITUTE'S OFFICE

UPON REQUEST.

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

COASTAL TRAINING TECHNOLOGIES CORP.

TRAINING SVCS.

124,950.

500 STUDIO DR

VIRGINIA BEACH, VA 23452

MARTECH MEDIA

TRAINING SVCS.

144,397.

9450 GROGANS MILL RD STE 150 THE WOODLANDS, TX 77380-3666

TOTAL COMPENSATION

269,347.

81-0577043

Related Organizations and Unrelated Partnerships

Complete If the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37 ▼ See separate Instructions. ► Attach to Form 990.

Department of the Treasury

Part I

(1)

(2)

(3)

(4)

SCHEDULE R (Form 990)

20.	Open to Public	Inspection	
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OMB No. 1545-0047

Employer identification number

(f) Direct controlling entity

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had 81-0577043 (e) End-of-year assets (d) Total income Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (c) Legal domicile (state or foreign country) (b) Primary activity LOCAL 18, IBEW-DWP JOINT TRAINING INSTITUTE (a)
Name, address, and EIN of disregarded entity Name of the organization Internal Revenue Service

_(5)____

(6)__

Part	Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during the	(Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had the tax year.)	ganization answ	ered "Yes" to F	orm 990, Part IV	, line 34 because	it had	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) led ?
)	Yes	No.
_(1) LOCAL	(1) LOCAL 18 IBEM-DMP JOINT SAFETY INSTITUTE 95-4828067 11801 SHELDON ST SUN VALLEY, CA 91352-1508	SAFETY INST.	CA	501(C)(6)	N/A	N/A		×
(2)								
(3)								ļ
(4)								
(5)								
(6)								
(7)								
For Paperwo	For Paperwork Reduction Act Notice, see the Instructions for Form 990					Schedul	Schedule R (Form 990) 2011	0) 2011

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Schedule R (Form 990) 2011 Percentage ownership Percentage ownership इ Yes No General or managing (g) Share of end-of-year assets Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) partner? Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 (I) Code V-UBI amount In box 20 Schedule K-1 (Form 1065) (f) Share of total income (h) Diaproportorate Yes No 9 locations? (g) Share of end-of-year assets (e)
Type of entity
(C corp, S corp,
or trust) (f) Share of total income (d)
Direct controlling
entity because it had one or more related organizations treated as a partnership during the tax year.) (e)
Predominant
Income (related,
unrelated,
excluded from
tax under
sections 512-514) (c)
Legal domicile
(state or
foreign country) (d)

Orect controlling entity Primary activity (c)
Legal
domicile
(state or
foreign (b) Primary activity (a) Name, address, and EIN of related organization (a) Name, address, and EIN of related organization Schedule R (Form 990) 2011 Part III Part IV 를 (3) (4) (5) (1) (3) <u>(4)</u> (2) 9 2 (2) (5) <u>(6</u> \mathbf{C}

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Schedule R (Form 990) 2011

Page 3 Schedule R (Form 990) 2011 Method of determining Yes If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. 10 19 1 # **1** E __ 1 p 19 = Sale of assets to related organization(s) Performance of services or membership or fundraising solicitations by related organization(s).................. Other transfer of cash or property to related organization(s) Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) Amount involved During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Transaction type (a-r) Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Other transfer of cash or property from related organization(s). Reimbursement paid by related organization(s) for expenses Gift, grant, or capital contribution to related organization(s) Name of other organization Loans or loan guarantees to or for related organization(s) Exchange of assets with related organization(s). Part V Q ပ ъ <u>в</u> н Ec 0 0. ¥ 3 <u>ව</u> **3** (2) Ξ 9

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Schedule R (Form 990) 2011

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.) Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) (b) (c) (d) (e) (f) Share of Share	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related,	(e) Are all partners section	(f) Share of total Income	(g) Share of end-of-year	(h) Disproportionate altocations?		(I) General or managing	(k) Percentage ownership
		country)		organizations?		assets	Yes No	(Form 1065)	Yes No	
(1)										
(2)										
(3)										
(4)						-				
(5)										
(9)										
(7)										
(8)										
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(11)										
(12)										
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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).